

CHSU Simulation Center

Suture Training Kit Request and Acknowledgement of Receipt

To request a *Suture Training Kit*, please fill out the fields below. Once filled out, please send it to the

CHSU Simulation Center email: simulationcenter@chsu.edu

Once the request has been processed, you will be contacted regarding a date and time to pick up your assigned *Suture Training Kit*.

Date: _____

Name: _____

Email: _____

Address: Street _____
Unit _____
City, State, Zip _____

Phone: _____

Please read and acknowledge:

- Once processed and completed by the Simulation Center, this form will serve as your *Suture Training Kit receipt*.
- The Suture Training Kit, including all accessories, must be returned **before or by** the **three-month period** noted by the Simulation Center below.
 - The Simulation Center must check for damages, missing items, and the all-around condition of the kit.
- During the **three-month period** noted by the Simulation Center, **you are solely responsible** for the assigned Suture Training Kit, including **all accessories within the Suture Training Kit**.
 - If the Suture Training Kit is *damaged, missing accessories, or not returned* by the **three-month period date**, you will be responsible for the **total cost of replacing the Suture Training Kit**.

I, _____, have read and acknowledged all the above regarding the Suture Training Kit.
(Print Name Here)

Requestor Signature: _____

Date: _____

CHSU SIMULATION CENTER STAFF USE ONLY

Suture Training Kit number assigned: _____
(Enter Suture Training Kit Number Here)

Suture Training Kit must be returned by: _____
(Enter the **Three-Month Period** End Date Here)

This Suture Training Kit Request and Receipt has been processed and completed by:

Simulation Center Staff Name: _____
(Print Name Here)

Date: _____

Simulation Center Staff Signature: _____

FILL OUT BELOW WHEN SUTURE TRAINING KIT IS RETURNED

Date Returned: _____ Sim Center Staff Signature: _____

Comments: _____
