

**Mississippi Center for Clinical and Translational Research (MCCTR) Equipment Use Acknowledgement Form**

**User Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Location Information**  
Campus: (ex: UMMC Main) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment used (check all that apply):**

* Holtain-Kahn Abdominal Caliper – #1 – Size: Adult
* Holtain-Kahn Abdominal Caliper - #2 – Size: Extra Large

**Each kit contains the following items:**

* 1 Holtain-Kahn Abnominal Caliper consisting of the below parts:
  + 1 caliper lower arm (brown)
  + 1 vertical caliper shaft (metal with diameter values)
  + 1 adjustable caliper upper arm (brown)
  + 1 screw
* 1 allen wrench/hex key (4mm)
* 1 instruction booklet

Project Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE READ BEFORE SIGNING

I accept responsibility for the equipment listed on this form in the condition presented to me and acknowledge the contents of each kit listed above. I accept full responsibility for its care while in my possession. I will be responsible for replacement, at full retail value, of any equipment rented from the MCCTR for loss or damage of any kind, other than reasonable wear, which results from the use of the equipment. I agree to return all equipment by the agreed upon time, in clean, undamaged condition.   
  
I understand that this equipment may only be used on approved research projects (meaning full MCCTR and institutional compliance reviews through the Office of Sponsored Programs) and that no program income may result from the use of this equipment (patient billing, fee for use, etc.).

I, the undersigned, have read and understood the terms of the above rental and release agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Pickup Date  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Return Date