**1. CLINICAL TRIAL NAME**

*[Insert the name of the clinical trial]*

1. **PRINCIPAL INVESTIGATOR**

*[Insert the name of the Principal Investigator associated with the clinical trial specified above]*

1. **HUM/IRB APPROVAL NUMBER**

*[Insert the HUM/IRB approval number associated with the clinical trial]*

1. **NCT NUMBER N/A**

*[Insert the NCT number associated with the clinical trial or select N/A if not applicable]*

1. **RESEARCH EQUIPMENT SIGN-OUT/LENDING LOG**

|  |  |
| --- | --- |
| **Equipment Description** |  |
| **Model #** |  |
| **Serial #** |  |
| **Tag #** |  |
| **Staff Name** |  | **Department** |  |
| **Signature** |  | **Sign-Out Date** |  |
| **Returned By** |  | **Department** |  |
| **Signature** |  | **Sign-in Date** |  |
| **Comments/Notes** |  |

|  |  |
| --- | --- |
| **Equipment Description** |  |
| **Model #** |  |
| **Serial #** |  |
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| **Staff Name** |  | **Department** |  |
| **Signature** |  | **Sign-Out Date** |  |
| **Returned By** |  | **Department** |  |
| **Signature** |  | **Sign-in Date** |  |
| **Comments/Notes** |  |