

THE UNIVERSITY OF TEXAS  
**SOUTHWESTERN MEDICAL CENTER**  
 AT DALLAS

Account # \_\_\_\_\_

Dept Req # \_\_\_\_\_

**Scientific Equipment Screening Form**

Date \_\_\_\_\_

Department \_\_\_\_\_ Mail Code \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Phone \_\_\_\_\_

Grant # \_\_\_\_\_ Amount \_\_\_\_\_

Description of Equipment: \_\_\_\_\_

**For All Sources:**

Is the item you are purchasing available for sharing with others?  Yes  No

If Yes: \_\_\_\_\_ % time available; contact \_\_\_\_\_ Phone: \_\_\_\_\_

**ITEMS A, B and C ARE REQUIRED FOR FEDERAL SOURCES ONLY**

**A. To Be Completed By Department:**

For purchases of scientific equipment costing greater than \$5,000 but not greater than \$10,000, only the principal investigator must sign. For items greater than \$10,000, but not greater than \$20,000, the department chair must also sign. For items greater than \$20,000, after the principal investigator and department chair have signed the form, forward to the Inventory Control Department.

The above described item of equipment has been screened against our departmental inventory. No such items or substantially similar items are available for shared use.

**B. Inventory Control Department Only:**

The following similar items were identified as available for shared use:

Description/Inventory Control Number	Dept./Location	Contact
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**C. To Be Completed By Requisitioner if Items Were Identified in Section B.**

1.  The identified equipment is available for shared use.

2. The subject equipment is not available for shared use for the following reason(s):

The equipment is fully used during normal working hours. (The custodian has been asked to update inventory records to reflect this.)

The equipment is not similar to that requested because:

\_\_\_\_\_

Other (explain)

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Inventory Control \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean for Research \_\_\_\_\_ Date \_\_\_\_\_