Veterans Medical Research Foundation

EQUIPMENT FORM

Section 1- Main

PI: **Ext.:**	☐ **OFF-SITE USE** *(please complete section 2)*
USER: **Ext.:**	☐ **TRANSFER FROM PI:**
ON-SITE LOCATION :	☐ **DISPOSAL** ☐ **CHANGE OF LOCATION** ☐ **NEW**
Equipment Description:	**VMRF Tag #**

Transfer Explanation:

Transfer Explanation (check one): ☐**To New User** ☐ **To Storage, in working order**
☐ **Needs repairs, no longer working** ☐ **Dispose (Broken or at end of useful life)**
☐**Lost** ☐**Stolen (for lost or stolen items, file a report with the VA Police x3647 and note the date of the report here)**

Note: For IT equipment with data storage capability:
☐**Equipment has been encrypted by:**
Name (IT Staff) : **Date:**

☐**Equipment has been checked and verified that it contains no sensitive data**
Name (IT Staff): **Date:**

☐ **Equipment has been checked and does contain sensitive data**
☐**Data has been destroyed in accordance with VA policy**
☐**Data was approved for transfer**
Name (ISO or designee): **Date:**

Section 2-Off-Site Information

Street Address:

City:	**State:**	**Zip:**

Phone number: *(including area code)* **( )**

Off-site use must meet all requirements regarding safeguarding of confidential and personal data.

Section 3 - Authorization

_____ **PI** *(signature)*	**Date**
_____ **NEW PI** *(signature)*	**Date**
_____ **USER** *(signature)*	**Date**
_____ **VMRF CEO** *(signature)*	**Date**

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