

USE OF SIM / SKILLS LAB. REQUEST FORM

(Please allow at least 2 weeks for this request)

1. **Date of use:** _____ / (pls. specify the exact dates if you will use the Lab. for more than 1 day) _____

2. **Duration:** (total number of days you will use the Lab.) _____

3. **Time:** ☐ Whole day ☐ Specific time for 1 day use _____

☐ Specific date & time for more than 1 day use _____

4. **Name of Instructor(s) who will use the Lab, course for simulation & number of students:** _____,
_____.

5. Laboratory activity:

☐ Nursing skills/procedures ☐ Skill's enhancement ☐ OSCE (pls. encircle the bed number you prefer to use)

Bed - 1 2 3 4 5 8 7 8

of IV stands needed _____

of over bed tables needed _____

☐ Case conference (pls. specify number of tables and chairs needed):

of tables _____

of chairs per table _____

6. **Materials, Supplies, & Equipment needed** (you will be immediately informed of what is available in central supply to give you time to purchase your own):

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7. Instructor's specific instruction(s):

8. **Instructor's signature & date:** _____ **Lab. In-charge's acknowledgement:** _____