DATE ______________

INSTRUCTIONS: This form must be typed or printed legibly. Make copies of this form as necessary.

Use this form to request permission to check out a scanner kit from the Data Center/Information Systems. It is the responsibility of the department to return the equipment to Data Center/Information Systems in good condition and on a timely basis. Any malfunction of the scanner should be reported to Data Center/Information Systems personnel immediately.

1. By signing this checkout form you are assuming responsibility for the scanner kit. Any damages will be charged to the department account number. Failure to return the scanner will result in a charge for replacement costs.
2. Data Center/Information Systems will not check out a scanner kit without a valid UK cost center number.
3. Scanners will be checked out for a maximum of two days.

DEPARTMENT REPRESENTATIVE _____________________________________ PHONE __________________________

DEPT NUMBER ________________  DEPARTMENT NAME ____________________________________________

COST CENTER # ____________________  ESTIMATED RETURN DATE ______________

DEPARTMENT HEAD SIGNATURE ______________________________________________________________

Do not write below this line.

<table>
<thead>
<tr>
<th>SCANNER PROPERTY NUMBER</th>
<th>SERIAL NUMBER</th>
<th>MODEL NUMBER</th>
<th>CONDITION</th>
<th>ACTUAL RETURN DATE</th>
</tr>
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Checked Out To: ______________________________ (Healthcare Departmental Representative)

Approved By: __________________________________________ Date: ____________________________
(Data Center/Information Systems Representative)

Return in Good Condition Verified By: ______________________________ Date: ______________________
(Data Center/Information Systems Representative)