**Shared Instrumentation Program Request Form**

ETF / SOM Research

**Instructions:**

* Fill out the form below completely, and save as pdf.
* The completed form must not exceed 2 pages once completed, excluding quotes.
* Applications must include a filled-out form, and a recent quote.

Submit all application materials as attachments in InfoReady: [SOM ETF Submissions - InfoReady](https://uvasom.infoready4.com/)

**Applicant Information**:

Title of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone / Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information on Requested Equipment**

Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Time (PO to Receipt): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended Room Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the requested piece intended to REPLACE an existing piece? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Replacement, please include asset information on existing piece)

Are renovations required in the intended location to make the unit functional?: \_\_\_\_\_\_\_\_\_\_\_\_

Does the equipment have specific space requirements?: (includes specifications for water, air flow, electric, vibration, excessive weight, height, or width)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the equipment require a computer to be functional?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the equipment require a SOM network connection?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: Total Cost includes shipping, accessories, room renovations to make the unit functional. Does NOT include service contract costs)

**Justification**

Please include:

* A description of what the instrument does,
* A description of how the instrument will benefit SOM Research
* A detailed assessment of the number of SOM Researchers that will use the equipment. A list of users and departments is preferrable.
* Does the equipment already exist within UVA SOM Research space? If so, why is another one warranted?
* Why should this be located in departmental space rather than central Core space? (if applicable)
* If this is a request to replace existing equipment, please provide information on current usage, mechanical condition, age, etc. on the existing piece as a justification for replacement.

Note: you may delete the bullet points above in order to save space on your application

**Maintenance Plan and User Access**

Provide a detailed plan to maintain and track use of the equipment.

* ORCA will manage the maintenance unless otherwise specified.
* Most plans will include a limited-time MOU established with ORCA to maintain equipment / manage users as a satellite core.
* What steps will be taken to ensure the equipment is used at near-full capacity?

Provide a detailed plan to provide reasonable access to all SOM personnel to share the instrument.

* Does the intended location allow for reasonable access?
* What level of training is required to use the instrument and how will this be provided?