

# Health Sciences Lab Request Form

**Instructions:** Please fill out the following form to request space and time for your lab activity or simulation. Send to following email: [blinnsimcenter@blinn.edu](mailto:blinnsimcenter@blinn.edu) Request should be submitted two weeks prior to requested date.

**Please submit one lab request for each lab visit/setup/content**

**Standardized Patient:**  Yes  No (If needed email [sami.rahman@blinn.edu](mailto:sami.rahman@blinn.edu))

**Date Requested:** Click here to enter a date.

**Date(s) needed:** Click here to enter a date.

**Faculty Name:** Click here to enter text.

**Office Phone:** Click here to enter text.

**Email address:** Click here to enter text.

**Program:**  EMS  ADN  VOCN  RAD  PTA

**Course Name:**

**Number of Students:**

**Hours Requested: From: To:**

**Number of beds needed with simulators: Empty Beds:**

**Content/Skills being performed/taught/Objectives:**

**Equipment Needed:**

Walker  Wheelchair  BSC  VS Machine  Feeding Pump(s)

Scales *infant/diaper/adult* (circle one)  12 lead EKG  Task Trainer  SimScopes #

Workstation on Wheels #

**Simulator:** (check gender and number of each)

Male #  Female #  Child  Baby  NewB  Mom

Will you be recording  Yes  No

**Other Supplies Needed:**

**Specific Set-Up Instructions:** (provide in-depth detail to what you need/want, e.g. wounds clothing, make-up, moulage.)

**Student Observers:**  Yes  No  Local  Remote

Number of students per bed area: \_\_\_\_\_

*Attach any other documents necessary separately*