## Diagnostic Loan Pool Request Form

*Please complete the following table for an itemised request of all equipment and diagnostics required as part of the funding request. Please indicate by each diagnostic if they are primary or secondary diagnostics for your experiment and if it has been discussed already with a member of the CLF. This document will form the basis of scheduling equipment loans, every effort will be made to provide the diagnostics requested on this form, but we cannot guarantee all are available or late additions to the request.*

PI:

Dates of Loan:

*(Expected if not known)*

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| --- | --- | --- | --- | --- | --- | --- |
| **Diagnostic Name** | **Asset No.** **(if known)** | **Description****(purpose, details, comments, etc)** | **Quantity Requested** | **Primary/ Secondary** | **Discussed with (optional)** | **Approved****(CLF use)** |
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