

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 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)

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