

Equipment Request Form

Please fill in the following details carefully. CardioScan requires 1 form for 1 site per 1 device. This will assist CardioScan in managing the approval process and help expedite the request. All information is required to be filled out. If form is incomplete CardioScan Helpdesk will automatically reject the request.

Job Number: _____

(A job number will be provided to the customer within 2 business days of CardioScan receiving the request)

Customer Details	
CUSTOMER Requested by:	Organisation: _____ Phone: _____
	Name: _____ Date: _____
CUSTOMER Approved by:	Name: _____ Title: _____
	Signature: _____ Date: _____
Equipment Details	
Equipment Name:	_____
Is the equipment for a new site/ward?	If yes, when will this be open?
Equipment Location	
Please Tick ONE of the following: <input type="checkbox"/> Collection Centre <input type="checkbox"/> Collection in Medical Centre <input type="checkbox"/> Collection in Hospital <input type="checkbox"/> Ward in Hospital <input type="checkbox"/> Other	
Site/Ward Name: _____	Phone: () _____
Site Code: _____	Fax: () _____
Email (For results): _____	
Week days open (M-F): _____	Week days opening hours: _____
Weekend days open (S-S): _____	Weekend opening hours: _____
Building Name: _____	Department: _____
Ward/level/Suite: _____	Street Number: _____
Street Name: _____	Suburb: _____
State: _____	Post Code: _____
Delivery Details:	
Contact Name: _____	Contact Number: _____
Enter preferred delivery address details below. If same as 'Equipment Location address' please tick here <input type="checkbox"/>	
Building Name: _____	Department: _____
Ward/Level/Suite: _____	Street Number: _____
Street Name: _____	Suburb: _____
State: _____	Post Code: _____

Send form to CardioScan via email: helpdesk@cardioscan.com.au or fax: 03 9832 2292

For CardioScan Internal use only:

Shipping method: EPP (1) EP (2) RP (3) TNT INTERNAL COURIER