

Office Use Only:

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SIMPORTAL Room, Equipment, Services Request Form

Please complete a Request Form for each unique event date and time (e.g. course meeting, OSAT, etc.). One form may be submitted if the same event recurs multiple times in the course of the same academic term. If you have questions about this form, please contact Troy E. Reihsen, the SIMPORTAL Manager at 612-624-7466 or reih0005@umn.edu.

General Information

Date Submitted:	Course Name/Number:
Faculty Name:	Number of Students Enrolled:
E-mail:	Department:
School/College:	Phone:

Contact Name:	Phone:
E-mail:	Campus Address:

Anticipated Uses (Please include time for setup and cleanup in your request.)

Requested Use Dates (month/day/year)	Requested Use Times (start/end)	Number of Exam Rooms	Total Number of Students

Adjunct Facilities Requested (Priority will be given to requests using the Media Room for video observation and recording.)

X	Place an X before all that apply and indicate related dates	On all dates requested	Only on these dates (please list)
	Media Room for observation/recording - A503		
	Media Room for briefing / de-briefing – A503		
	Anesthesia / Critical Care Suite - A576		
	Emergency Medicine / Trauma Suite – A558		
	Image Guided Skills Suite – A560		

	Individual Task Trainer Room – A574		
	Laparoscopic / Endoscopic Suite – A574		
	Wet Lab – A566		
	Wet Lab Preparation Room – A568		
	Microvascular Skills Suite – A566		
	Locker Room – A517		
	Video Editing Room – A519		
	Urology Conference Room – B507		

Type of Users

X	Place an X before all that apply and indicate related dates	On all dates requested	Only on these dates (please list)
	Matriculated AHC students		
	Residents		
	Continuing education		
	Matriculated U of M, non-AHC students		
	Non-U of M students (e.g. MnSCU)		
	Other (please specify):		

Type of Use

X	Place an X before all that apply and indicate related dates	On all dates requested	Only on these dates (please list)
	Didactic instruction/observation		
	Assessment with supplies (i.e. use medical supplies provided in each exam room)		
	Assessment with standardized patients (Please contact SIMPORTAL Director)		
	Student practice/self-assessment		
	Assessment without supplies (i.e. activities not involving use of medical supplies)		
	Other (please specify):		

Equipment Needed for Event

X	Place an X before all that apply and indicate related dates	On all dates requested	Only on these dates (please list)
	Tissue (be specific with regard to type, size, and nature of necessary structures)		
	Other (please specify):		

Please describe the activities to be conducted on each requested use or attach a course syllabus.

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We will use the following equipment and services provided by the SIMPORTAL:

(Please note the SimPORTAL requires technology training for all first-time users.)

X	Place an X before all that apply and indicate related dates	On all dates requested	Only on these dates (please list)
	All call microphone		
	Video observation stations		
	Video recording stations ___DVD or ___VHS		
	Laptops with wireless communications		
	Data projector		
	Remote Operating Room Visualization		
	White Board / Paper		
	3D projection: Surgery___ Computer___		
	Telestration		
	Bi-directional video/audio conferencing		
	Curriculum Design / Course Consultation		
	Ultrasound: Full_____ Site Rite_____		
	C-Arm + Vests		
	Laparoscopic / Endoscopic Tower + scopes		
	New Simulator Development: _____		
	Tissue Animal: <i>specify in as much detail as possible what is needed and for what procedure</i> Animal: _____ tissue type: _____ Procedure: _____		
	Tissue Cadaveric: <i>specify in as much detail as possible what is needed and for what procedure:</i> _____ _____ _____		
	Surgical instrumentation: <i>Please name instruments and quantity on a separate document and submit with request.</i>		
	Technical support during our scheduled lab time		
	Technology training prior to equipment use (Please contact Troy E. Reihsen the Instructional Technology Coordinator at 612-624-7466 or reih0005@umn.edu to arrange a training session.)		

We will use the following models and simulators:

(Please note, the Center requires simulator training for all first-time users.)

X	Place an X before all that apply and indicate related dates	On all dates requested	Only on these dates (please list)

	METI HPS™		
	METI iStan™		
	Laerdal SimMan™ Universal Simulator		
	TruCorp Simulation Intubation head		
	Central Line Man Simulator		
	Arterial Line Simulator		
	IV simulator		
	METI Surgical Education Platform (SEP)		
	Fundamentals of Laparoscopic Surgery		
	Mimic Technologies dV Robotic Trainer		
	TURP Simulator		
	Surgery Basic Skills: Module___ # students___		
	Technical support during our scheduled time		
	Technology training prior to equipment use (Please contact Troy E. Reihsen the Instructional Technology Coordinator at 612-624-7466 or reih0005@umn.edu to arrange a training session.)		

We will bring in the following: (Please note food and beverages may only be served in the Control Room and Locker Room. Food and beverages are NOT allowed outside of these areas.)

X	Place an X before all that apply and indicate related dates	On all dates requested	Only on these dates (please list)
	Food and/or beverages		
	Our own equipment (please describe):		

SIMPORTAL Use Agreement

I have read the [Scheduling and Use Guidelines](http://www.SimPORTAL.umn.edu) (available online at www.SimPORTAL.umn.edu) and agree to the terms and conditions defined therein. I understand the rooms may only be reserved for the purposes of testing or other student assessment, teaching, or practicing clinical skills (which includes but is not limited to interviewing and physical examinations). In the event of a schedule change, I agree to contact the SIMPORTAL Manager no less than 72 hours prior to each event specified on the Request Form. I understand that no shows and room cancellations made less than 72 hours prior to each specified event will result in a late cancellation charge of \$10 per room per hour, as well as charges for any contracted services, e.g. vendors, tissue procurement, standardized patients.

Name:

Date:

Thank you for completing the SIMPORTAL Request Form and Use Agreement.

Please e-mail your request as an attachment to Troy E. Reihsen the SIMPORTAL Manager at reih0005@umn.edu or fax your request to 612-626-0428. Questions? Call 612-624-7466. You will receive written confirmation of your room reservation.

(form available online at www.simportal.umn.edu)