

## MND TAS equipment library Health Professional Clinical Trial Loan Form

### Health professional details

Full name:	
Job title/professional capacity:	
Address:	Post Code:
Email:	
Daytime phone:	Mobile:

### Equipment on loan

Equipment	Return date (max. one-month trial)

### Delivery address (if relevant)

Name:	
Address:	Post Code:

I, the health professional, accept responsibility for equipment on loan from the MND TAS equipment library for a clinical trial. I accept responsibility for the care, maintenance, cleanliness and for any damage caused to the equipment listed above until the equipment is returned to ILCT or until the equipment is loaned out to a member using the Equipment Loan Form.

If the equipment is deemed not suitable following trial, it will be returned to ILCT as soon as possible.

I confirm that this equipment is to be trialed prior to use by members of MND TAS.

Signed ..... Date .....



MND TAS would like to thank and acknowledge FightMND as a major donor to the equipment library. The FightMND Care Grants have allowed MND TAS to regularly update and improve the equipment available to members.  
<http://fightmnd.org.au/care/>