

EQUIPMENT INVENTORY TRANSFER FORM

Date:	
Contact First Name: Last Name:	
Email: Phone N	lumber:
Principal Investigator:	
Being moved from location building:	Room:
To location building:	Room:
Equipment Description (e.g., centrifuge, water bath. etc.):	
Manufacturer: Model Number:	
OSU Tag Number: Serial Number:	
This piece of equipment (check all that apply): is empty / decontaminated (e.g., refrigerator, freezer, water jacketed incubator, et	c.)
no longer works and cannot be repaired	
obsolete or needs parts or reagents that are no longer available	
does not work, but has parts that may be valuable for other equipment	
no longer works, but it can be repaired	
no longer needed by our lab, but is still usable	
is a computer, monitor, printer, or has these items associated with it	
trade-in /exchange (please enter the PO for the new item that lists the trade-in) PO:	
sale or transfer to another institution/company (please send the email of Surplus	authorization & copy of
check or detail report).	
transfer to another PI / department (please enter the name of the PI / department PI / department name:	·).
was stolen date reported to police: police contact:	
I authorize CCC Research Operations to charge for the above transaction.	
By checking yes and e-mailing this form to CCCLabs@osumc.edu, this serves as Yes No	
Please provide your university ChartField information below. Use of fund 590000 is not pe	
Org: Fund: Program: User Defin	ied: [
NOTE: By checking "no" above, you are still required to notify CCCLabs of any and all equi	ipment moves,

transfers, or disposals. All equipment, even grant-purchased equipment, is university property. Thus, changes of any kind must be monitored for asset tracking purposes. In addition, disposal requests must be approved by

REV 10/2012

CCCLabs@osumc.edu.