**Device Use Form**

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| --- |
| Research Study Title …………………………………………….. |
| PI …………………………………………….. |
| Phone …………………………………………….. |
|  |
| Address ………………………….…………………….. |

*[Please respond to the following statements]*

1. Name of Device

Click or tap here to enter text.

1. Location of treatment

Click or tap here to enter text.

1. Where will be the device located

Click or tap here to enter text.

1. Describe the device. Identify any active ingredients/chemicals (mercury, etc.) contained with the device

Click or tap here to enter text.

1. Describe the methods by which the device will be utilized

Click or tap here to enter text.

1. Will the device be recovered / retrieved

[ ] Yes [ ] No

-If ‘yes’, please provide a description

 Click or tap here to enter text.