

## JHCEHSHS STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission:

Form Updated: 1/19/12

1. Submitter must obtain all required information from the desired vendor(s). An official quote from the vendor must be attached.
2. Only one request per Request Form. This request must be reviewed, approved, and submitted by the requesting program's Department Chair.
3. The Dept. Chair may email this request to the Tech Fee Director. *(Since some departments will have multiple requests, please rename request in the following format ABC\_Request\_# where "ABC" is your department and "#" is the numbering of your request)*

Dept. making request:	Kinesiology		Requesting Faculty:	Barry Scheuermann
Date submitted:	3/1/2012		Requested purchase date:	ASAP

**IMPORTANT: Attach an official quote from the vendor.**

**List one item OR group (for use as a "package") per page.**

Item Name and Description	Vendor info. (name, address, Web site URL, phone #, email, etc.)	Part or Model #	Cost (each)	Quantity	Total
Software upgrades for existing software for clinical simulations and self-evaluation board exmas	Biopac Systems, Inc. 42 Aero Camino Goleta, CA 93117 USA	See attached quote for multiple items	\$14,420.00	1 each	<b>\$14,420.00</b>
<b>Course(s) where item(s) will be used</b>	<b>KINE 3520/3530 Applied Exercise Physiology; KINE 4850/4860 Exercise Testing and Programming; KINE 4560/5560 Lab Techniques in Exercise Science; KINE 6100/8100 Cardiopulmonary Exercise Physiology; KINE 6960 Masters Thesis; KINE 8960 Doctoral Dissertation</b>	<b>Required for accreditation?</b>	<b>No</b>	<b># Students Impacted per Year</b>	<b>120-140</b>
<b>Location equipment of software will be used</b>	<b>HH 2307/HH 2518</b>				

**Impact on student learning:**

The study of exercise physiology, including the study of physiological adaptations to both physical activity as well as disease, involves the integrated responses between the cardiovascular, pulmonary, endocrine and musculoskeletal systems of the body. The equipment we are requesting represents the cutting edge technology for measuring various physiological responses such as heart rate, blood pressure and muscle activity just to name a few. The addition of the requested equipment to our available resources provides our students with the opportunity to study integrated physiology as it is presented in lecture and gain valuable practical experience by being exposed to and receive training on equipment that is used in many hospital and clinical settings.

- ***Equipment/Technology purchased with Tech Fee funds is for student use only. It cannot be filtered or “passed-down” to faculty or staff.***
- All outdated or broken Tech Fee equipment/technology must be returned to the Tech Fee Committee for retirement or disposal.
- If you are submitting a request for computers, printers, scanners or software, you must consult with College Computing and the technology staff, to acquire a quote and to make sure that this equipment/software is supported by UT.
- For software, please note below if you are requesting it as a one-time expense or as an on-going fixed expense.



**BIOPAC Systems, Inc.**  
**42 Aero Camino**  
**Goleta, CA 93117**  
**USA**  
**805-685-0066**

**QUOTE**

PRO-FORMA INVOICE

Fax: (805) 685-0067  
 Fed. Tax ID: 77-0256290

**SALES ORDER #: 0044963**

**ORDER DATE:** 2/26/2012  
**CUSTOMER NUMBER:** XUT4490  
**SALESPERSON:** Angela Manuel

**SOLD TO:**

University of Toledo  
 Kinesiology Dept  
 Attn: Dr. Barry Scheuermann  
 \*Address to come from PO  
 Toledo, OH 43606

**SHIP TO:**

University of Toledo  
 Kinesiology Dept  
 Attn: Dr. Barry Scheuermann  
 \*Address to come from PO  
 Toledo, OH 43606

Customer P.O.	Ship VIA	Terms	Quote Expire Date		
	UPS GROUND	Net 30	3/26/2012		
Ordered	Item Number		Price	Amount	
1.00	<b>MP150WSW</b> MP150 System for Windows *****Pulse plethysmography module*****	0.00	0.00	\$5,295.00	\$5,295.00
1.00	<b>PPG100C</b> PPG Amplifier, C-Series	0.00	0.00	\$595.00	\$595.00
1.00	<b>TSD200</b> Photo Plethysmograph Xdcr TP	0.00	0.00	\$195.00	\$195.00
1.00	<b>TSD200C</b> PPG Transducer (TP) - Ear Clip *****EMG module*****	0.00	0.00	\$245.00	\$245.00
4.00	<b>EMG100C</b> EMG Amplifier, C Series	0.00	0.00	\$595.00	\$2,380.00
4.00	<b>MEC110C</b> 3m Mod Ext Cbl, C-series TP	0.00	0.00	\$195.00	\$780.00
5.00	<b>LEAD110S-W</b> Shielded Pinch Lead WHT 1m TP	0.00	0.00	\$39.00	\$195.00
5.00	<b>LEAD110S-R</b> Shielded Pinch Lead RED 1m TP	0.00	0.00	\$39.00	\$195.00
3.00	<b>LEAD110</b> Unshlded Pinch Lead BLK 1m TP *****ECG module*****	0.00	0.00	\$15.00	\$45.00
1.00	<b>ECG100C</b> ECG Amplifier, C Series	0.00	0.00	\$595.00	\$595.00
1.00	<b>MEC110C</b> 3m Mod Ext Cbl, C-series TP	0.00	0.00	\$195.00	\$195.00
2.00	<b>LEAD110S-R</b> Shielded Pinch Lead RED 1m TP	0.00	0.00	\$39.00	\$78.00
2.00	<b>LEAD110S-W</b> Shielded Pinch Lead WHT 1m TP *****Interface for NIBP100D & hand dynamometer*****	0.00	0.00	\$39.00	\$78.00
4.00	<b>DA100C</b> Diff. Amp. Module, C Series	0.00	0.00	\$595.00	\$2,380.00
1.00	<b>TCl105</b> TCI for Mod Phone Jack (4 pin)	0.00	0.00	\$125.00	\$125.00
1.00	<b>TSD121C</b> Hand Dynamometer 100kg	0.00	0.00	\$745.00	\$745.00

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Customer P.O.	Ship VIA	Terms	Quote Expire Date
	UPS GROUND	Net 30	3/26/2012
Ordered	Item Number	Price	Amount
10.00	<b>CBL102</b> Cable, 3.5mm to BNC-M	0.00	\$15.00
1.00	<b>REFCAL</b> Cable, Module Cal for DA100C	0.00	\$99.00

Net Order: \$14,370.00

Freight: \$50.00

**Order Total:** \$14,420.00

BIOPAC Systems accepts open purchase orders from U.S. universities and corporations. All others must pay by direct transfer of funds to BIOPAC Systems, Inc.'s bank account, check (must clear prior to shipment), or by MasterCard/VISA/Discover/American Express. All funds in U.S. currency. Please note that custom items cannot be returned for exchange or refund.

BIOPAC Systems, Inc. bank: Santa Barbara Bank and Trust (a company of Pacific Capital Bank, N.A.)  
 299 North Fairview Avenue, Goleta, CA 93117  
 Bank routing number: 122220593  
 Bank account number: 04542999  
 SWIFT code: SBBTUS66XXX

BIOPAC Systems charges tax to all customers in CA, CO, IL, IN, NY, and WA unless a tax exemption certificate is on file. Please fax tax

Authorized by: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_