JHCEHSHS STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission: Form Updated: 12/10/12

- 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: Dept # (rank, 1 being the highest priority) and a brief title

Dept. making request: Kinesiology Requesting Faculty: C. Black B. Scheuermann Date Submitted: 02/07/2013

IMPORTANT: Attach an official quote from the vendor.

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

Item Name		Vendor info. (name, address, Web site UR phone #, email, etc.)	RL, Part or Model #		Cost (each)		Qty	Total
NIOX MINO		Aerocrine, Inc.	Catalog #					
		5151 McCrimmon Parkway	09-1000	\$299	5.00		1	\$2,995.00
		Suite 260	03-4000-US	\$159	5.00		1	\$1595.00
		Morrisville, NC 27560						\$55.00 S/H
		Phone: 1-866-275-6469						
		Fax: 1-866-630-6469						\$4645.00
Course(s) where	RCBS 3220	, 3300, 4240, 3230	Expected life		5	# Stud	ents	125
item(s) will be used	KINE 3920,	, 4850/4860, 6/8420	product (yea	product (years) 5		mpacted per Year		123
Location equipment or software will be used/stored HH 2308		НН 2308	Will Tech Fee funds be needed for annual renewals or maintenance?			No		

Provide a brief description of the technology requested*:

The NIOX MINO is a small hand-held device that is used to measure the amount of nitric oxide exhaled by a person. This is the first device designed to measure nitric oxide in the breath of an individual which is a very good indication of airway inflammation. This is important since airway inflammation is known to be the major underlying cause of asthma and there are few methods available to directly measure airway inflammation.

Briefly describe how the technology will be used (function)*:

By providing access to this type of leading edge technology for our students in respiratory care and exercise science, they will gain valuable experience in the testing, assessment and treatment of a pulmonary disorder that very prevalent in our area. This equipment will be used in several laboratory experiences in our respiratory care program and since exercise-induced asthma is a very common problem among athletes as well as the general population, this technology will be used in several of our laboratory courses in the exercise sciences.

Provide a rationale that Tech Fee funds are appropriate for this request*:

This device/technology represents the cutting edge of newly developed methods to assess and treat airway inflammation, the leading cause of asthma and potentially several other lung disorders. It is crucial that we provide our students who will be working closely with these patient populations that they gain experience and knowledge in the application of these new devices and technology.

*Keep in mind that the committee members come from a variety of educational backgrounds and may not be familiar with department specific language. Please use concise, common terminology so that committee members reviewing this form will be able to fully understand the request.

• If you are submitting a request for computers, printers, scanners or software, you <u>must</u> consult with College Computing and the technology staff, to acquire a quote and to make sure that this equipment/software is supported by UT and compatible with existing technology.

Aerocrine

NIOX MINO® ORDER FORM

O9-1000	Email orde	er form to Sales.US@aerocrine.com or f	fax it to 1-866-6	30-6469				
33-4000-US	The state of the s	NIOX MINO (Contains: Unit, Adapter, Manual, USB Cable, USB	Drive	\$30)		Total \$2,995		
O3-4001-US NICX MINO Test Kit 300 (Contains: 1 Sensor for 300 tests and 350 NIOX Filters) S1,495		NIOX MINO Test Kit 100	(Shipping	\$25)	\$1,595 1	\$1,595		
Accessories: 09-1005 NIOX MINO Power Supply Unit 99-1010 NIOX MINO USB Cable 99-1020 NIOX MINO Bag 09-1020 NIOX MINO Bag 109-1020 NIOX MINO Data Management Program 109-1028 NIOX MINO Data Management Program 109-1030 NIOX MINO Data Management Program 109-1030 NIOX MINO USB Visual Incentive Program 109-1030 NIOX MINO USB Management Program 109-1030 NIOX MINO USB Man	03-4001-US	NIOX MINO Test Kit 300	(Shipping	\$40)	\$3,495	\$0		
O9-1005 NIOX MINO Power Supply Unit 995 991 99-1010 NIOX MINO USB Cable \$40 99-1020 NIOX MINO USB Cable \$50 99-1025 NIOX MINO USB Visual Incentive Program \$150 99-1028 NIOX MINO Data Management Program \$150 99-1028 NIOX MINO Data Management Program \$150 99-1028 NIOX MINO Data Management Program \$199 99-1030 NIOX MINO NO Scrubber \$70 90-1015 NIOX MINO NO Scrubber \$70 90-1015 NIOX MINO NO Scrubber \$10 90-1015 NIOX MINO WINO MINO WINO WINO WINO WINO WINO WINO WINO W	03-4007-US	NIOX MINO Test Kit 500	(Shipping	\$65)	\$5,295	\$5,295 \$0		
Bill to Contact: Bill to Phone No: I hereby confirm my order as stated on this form Please Identify Specialty: Pullmonary Allergy Primary Care Adult Pediatric Sign: FOR AEROCRINE INTERNAL USE ONLY Payment Type: Please select your payment type: Customer # Sales Person Code: Special Instructions: Promotion code: Purchase Order #: Exp. Date: / (mm/yy) Security Code:	09-1005 09-1010 09-1020 09-1025 09-1028 09-1300 EPM-000109 09-1015 09-TRN	NIOX MINO USB Cable NIOX MINO Bag NIOX MINO USB Visual Incentive Program NIOX MINO Data Management Program NIOX MINO NO Scrubber NIOX MINO User Manual QC Plug On-site Training The University of Toledo Barry W. Scheuermann, Ph.D. Associate Professor, Chair	Ship to Addres	Associate Professor, Cha Department of Kinesiolog	\$40 \$50 \$150 \$199 \$70 N/C \$10 \$500 Subtotal S & H Total	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$4,590 \$4,645		
Bill to Contact: Bill to Phone No: I hereby confirm my order as stated on this form Please Identify Specialty: Pulmonary Allergy Primary Care Adult Pediatric Sign: Date: FOR AEROCRINE INTERNAL USE ONLY Payment Type: Please select your payment type: Customer # Sales Person Code: Special Instructions: Name of Card Holder: Card Billing Address: Promotion code: Purchase Order #: Exp. Date: / (mm/yy) Security Code:		The University of Toledo 2801 W. Bancroft St.	And the second of the second o	2801 W. Bancroft St.				
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Promotion code: Purchase Order #:				Card Number: Name of Card Holder:	se select a credit card type:			
**Taxes, Customs and Duties not included in prices above			10.0	the state of the s				
All shipping is FedFx Ground, 3-5 business days. FedFx Express is available upon request at an additional charge.				· · · · · · · · · · · · · · · · · · ·	et at an additional shares			

☐ I have read the terms and conditions associated with this document