STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission:

Form Updated: 8/20/13

- 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:	Intervention & Wellness		Requesting Faculty:	Amy Remer		Date Submitted:	9/29/16	
	IMPORT								

PORTANT: 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 (e	ach)	Qty	Total
Micro Spirometer		Discount Cardiology <u>http://discountcardiology.com/Micro-Spirometer.h</u> 3200 Corte Malpaso, Suite 101 Camarillo, CA 93012, USA <u>admin@discountcardiology.com</u> (000) 805.388.5900 (000) 800.507.8244	MS01 Micro Spirometer Micro Medical SKU : MSO1	\$399.	00	1	\$399.00
Course(s) where item(s) will be used	SLP 3020,	6000, 6010, 6600	Expected life product (years	57 vears		# Students mpacted per Year	
Location equipment of software will be used		University of Toledo Speech-Language-Hearing Clinic	Will Tech Fee funds annual renewals or n		Possible if we ru	-	g of accessories

Provide a brief description of the technology requested*: The Micro and MicroPlus Spirometers are specifically designed for situations where a low cost respiratory monitor is required. The **Micro Spirometer displays FEV1 and FVC, and the MicroPlus Spirometer displays FEV1, FVC, PEF, and FER.**

Briefly describe how the technology will be used (function)*: At the undergraduate level, this equipment will be used to supplement the discussions of the anatomy & physiology of the respiratory system. Graduate student clinicians enrolled in practicum courses & students in the graduate Voice Disorders course will use this equipment to assess respiratory function in clients in the Speech-Language-Hearing Clinic. The use of this equipment is a vital part of a voice evaluation, which is an important aspect of our field. Our current spirometer is broken & we are unable to complete this portion of a voice assessment until we purchase a new one. We need to replace this equipment for training of our students & to provide services to our clients in the clinic.

Provide a rationale that Tech Fee funds are appropriate for this request*: This equipment is an integral part to the students' education in the graduate Voice Disorders course, as well as the undergraduate Anatomy & Physiology of Communication Mechanisms course. This equipment is also an integral part of the students' experiences in their practicum courses in the Speech-Language-Hearing Clinic for the above mentioned reasons. The equipment will be used for training purposes & will advance the students' knowledge & competencies in the areas of voice and respiration.

*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.

DISCOUNT CARDIOLOGY 3200 Corte Malpaso Suite 101 Camarillo, CA 93012 WWW.CARDIOLOGYFORLESS.COM Telephone: (805)388-5900

Bill To

UNIVERSITY OF TOLEDO TOLEDO, OH USA

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Sales Quote

Sales Quote No.	1005850202
Customer No.	UNI530

Ship To

UNIVERSITY OF TOLEDO TOLEDO, OH USA

Contact: AMY **Telephone:** 419-530-2595 **Contact:** AMY **Telephone:** 419-530-2595

Order Date		Ship Via	ı	F.O.B. Customer		PO Number	Payn	Payment Method	
09/27/16 FEDEX				Our Plant			VISA		
Entered By				Salesperson Ordered		ed By	Resale Number		
Supervisor				Andrew Schmidt					
Order Quantity	Approve Quantity	Tax	Item Number / Description				Unit Price	Extended Price	
1	1	Y		IROMETER	J of M : Each		399.000	399.00	
Print Date 09/27/16 Print Time 11:45:56 AM Page No. 1						Subt Frei		399.00 15.00	
Printed By: Sup	pervisor					Order Te	otal	414.00	