CHS 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: SERS 10 Requesting Faculty: Grant Norte Date Submitted:

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 UF phone #, email, etc.)	RL,	Part or Model #	Cost (each)		Qty	Total	
C/R – Footswitch probe with 4		Noraxon, Inc.	5	500-4	\$1,495.00			1	\$1,495.00
FSR sensors (pair)		15770 N. Greenway-Hayden Loop, Suite	100						
FSRs (1 sq. cm sensing area –		Scottsdale, AZ 85260	F	FSR1	\$15.00			8	\$120.00
replacement sensors for FSA)		https://www.noraxon.com/noraxon-							
		download/dts-footswitch-user-manual/							
		800-364-8985							
		jake.privette@noraxon.com							
		0: Pathology of Orthopedic Injury, KINE 6410: Cl							
Course(s) where Research I/		ics, KINE 6910/6920: Introduction to Sports Medicine II, KINE 6210: Evaluation and Management of LE NE 6800/6820: Scholarly Project I/II, PHYT 6500/6510:							
				Expected life of	'/		# Students		100
				product (years	s <mark>)</mark> ′	Impacted per Year		per Year	100
	Musculos	keletal Rehabilitation I/II, PHYT 5300: Principles o	of						
	Therapeu	tic Exercise							
Location equipment or software will be used/stored		HH 1412: MAIN Lab		Vill Tech Fee funds be needed for nnual renewals or maintenance?			No		

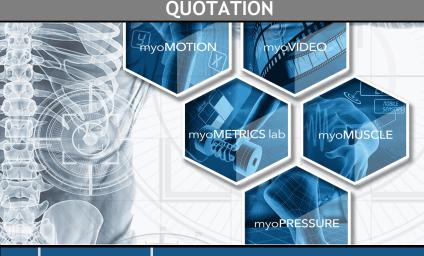
Provide a brief description of the technology requested*: The Noraxon DTS FootSwitch is designed to facilitate quick and easy clinical gait analysis. Current approaches to gait analysis are limited and/or time consuming, which significantly limit the ability to teach this content effectively and efficiently. This particular FootSwitch is wireless, and will integrate with other Noraxon technologies that we currently possess (e.g. wireless EMG, inertial measurement units) to seamlessly provide a comprehensive evaluation of gait analysis, movement patterns, and muscle activity simultaneously.

Briefly describe how the technology will be used (function)*: The Noraxon DTS FootSwitch will be used in teaching and research. In either capacity, this technology will optimize the efficiency of clinical gait analysis. By creating a simple solution to enhance gait analysis, it will become easier to facilitate undergraduate and graduate student education. From a research perspective, having the ability to synchronize the technologies identified above will create a comprehensive system that is capable of generating clinically meaningful data. This will inherently improve the quality of research conducted related to gait analysis, and will allow for a variety of uses outside of the classroom or laboratory that are not possible with the current equipment.

Provide a rationale that Tech Fee funds are appropriate for this request*: This item will be used in a variety of classes included in the professional AT program, post-professional AT program, and DPT program. Most importantly, the addition of this technology will facilitate student learning and research opportunities. From a research perspective, this equipment will be used in the Motion Analysis & Integrative Neurophysiology (MAIN) Lab. The MAIN lab utilizes a multi-disciplinary approach to investigate clinical questions that fosters collaboration between athletic training, physical therapy, and complimentary healthcare professions with the School of Exercise and Rehabilitation Sciences.

*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.



PREPARED FOR:

DATE: 1/31/2018

ORDER FAX LINE: 480-371-2754

Grant E. Norte

COMPANY:

University of Toledo 2801 W. Bancroft St., Toledo, OH 43606-

3390

EMAIL: Grant.Norte@utoledo.edu

	PART #	PRODUCT DESCRIPTION	UNIT PRICE	# of UNITS	TOTAL AMOUNT	
1.)	500-4	C/R - Footswitch probe with 4 FSR sensors (pair)	\$ 1,495.00	1	\$	1,495.00
1.)	FSR1	FSRs (1 sq cm sensing area - replacements sensors for FSA)	\$ 15.00	8	\$	120.00
			SUB TOTAL		\$	1,615.00
		(Handling fee of 3% is discounted to 0% if paying with a check or money wire)	Handling		\$	-
		(Estimated Sales Tax Added to Purchases Made in AZ, CA, MA, & GA)	Tax	(estimate)	\$	
	(Estimates can	be provided upon request. Actual shipping costs will be included on the final invoice)	Shipping	(estimate)	\$	20.00
			TOTAL		\$	1,635.00

- All amounts are in USD.
- Payment required prior to shipment (unless otherwise negotiated).
- Shipping, taxes and any applicable customs/import fees are additional and the responsibility of the buyer
- Estimated shipping, taxes and any applicable customs/import fees are subject to change without notice
- Delivery is 2 to 4 weeks ARO (unless otherwise stated)
- Warranty: 1 year parts and labor for hardware/software (unless otherwise negotiated)
- On-site training and installation is available at the rate of \$1,995 for the first day (includes travel & expenses)
 \$1,500 per day for subsequent days within same session (unless otherwise negotiated)
- Quote is valid for 30 days

Billing Name / Facility:			
Billing Address:	Ship to this address?	Y or	· N
City:	Zip:		
Email:	Fax:		
Payment Method:			
Printed Name:		Date:	

If you have any questions or comments, please contact me at: (480) 443-3413 or via email at: zach.scarano@noraxon.com. We appreciate your business!

Sincerely,

Jake Privette

Regional Account Manager

