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 URL, phone #, email, etc.)	Part or Model #	Cost (each)	Qty	Total
C/R – Footswitch probe with 4 FSR sensors (pair)	Noraxon, Inc. 15770 N. Greenway-Hayden Loop, Suite 100 Scottsdale, AZ 85260 https://www.noraxon.com/noraxon-download/dts-footswitch-user-manual/ 800-364-8985 jake.privette@noraxon.com	500-4	$1,495.00	1	**$1,495.00**
FSRs (1 sq. cm sensing area – replacement sensors for FSA)		FSR1	$15.00	8	**$120.00**

Course(s) where item(s) will be used	**KINE 6670: Pathology of Orthopedic Injury, KINE 6410: Clinical Biomechanics, KINE 6910/6920: Introduction to Sports Medicine Research I/II, KINE 6210: Evaluation and Management of LE Injury, KINE 6800/6820: Scholarly Project I/II, PHYT 6500/6510: Musculoskeletal Rehabilitation I/II, PHYT 5300: Principles of Therapeutic Exercise**	**Expected life of product (years)**	**7**	**# Students Impacted per Year**	**100**
Location equipment or software will be used/stored	**HH 1412: MAIN Lab**	**Will Tech Fee funds be needed for annual 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 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 and compatible with existing technology.

QUOTATION

ORDER FAX LINE: 480-371-2754 **DATE:** 1/31/2018

PREPARED FOR:

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**

TERMS

- 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

NORAXON

Superior Evidence-Based Biomechanics