

STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission:

Form Updated: 9/05/17

1. Submitter must obtain required information from vendor(s). An official quote from the vendor must be attached. No website screen shots
2. This request must be reviewed, approved, and submitted by the requesting program's School Chair.
3. The School Chair may email this request to the Tech Fee Director. *Since some schools will have multiple requests, please rename request PDF files in the following format: Schoolname# (rank, 1 being the highest priority) example - SocialJustice1, SocialJustice2, etc. Please submit as one PDF file*

Dept. making request:	Exercise Science	Requesting Faculty:	Andrew Misko	Date Submitted:	10/18/2021
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
O2 Sensor	MGC Diagnostics Corporation 350 Oak Grove Parkway St. Paul, MN USA 55127-8599 www.mgcdiagnostics.com +1 800.950.5597	155198-001	\$954	1	\$954

Course(s) where item(s) will be used	EXSC 4830, EXSC 3830, EXSC 4860	Expected life of product (years)	1 year	# Students Impacted per Year	45
--------------------------------------	---------------------------------	----------------------------------	--------	------------------------------	----

Location equipment or software will be used/stored	HHS 1407	Will Tech Fee needed for annual renewal or maintenance? What is the annual cost?	None
--	----------	--	------

Provide a brief description of the technology requested*:

The O2 cell is a key component to our metabolic cart. The metabolic cart measures inspired and expired air during exercise. These are important variables to measure during exercise to monitor performance, patient vitals, and exercise tolerance.

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

The O2 cell is a small piece of equipment required for the accurate measurement of inspired oxygen during an exercise test. The metabolic cart that we use in our labs does not operate without it. A damaged or broken O2 cell leads to inaccurate readings during an exercise test.

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

Students are required to learn how to use this equipment and how to calibrate it while administering a test. Without the O2 cell this can't be done. Students also use the data extracted from these exercise tests in their graded lab reports. Since we use this for multiple labs and in multiple classes, it is important to have a replacement O2 cell in order to keep the equipment operational for student use.

***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.



MGC
DIAGNOSTICS®

MGC DIAGNOSTICS CORPORATION

through its subsidiary Medical Graphics Corporation
350 Oak Grove Parkway
St. Paul, MN USA 55127-8599
www.mgcdiagnostics.com
T: +1 800.950.5597
F: +1 651.379.8222

Price Quotation

Quote Number	00022850	Terms	Pending Credit Acceptance
Created Date	10/12/2021	Delivery	45-60 Days ARO
Expiration Date	12/11/2021	F.O.B.	Origin, Prepay & Add

Prepared By

Sales Rep Lindsey Lentz
Email llentz@mgcdiagnostics.com

Prepared For

Account Name	U of Toledo	Contact Name	Andrew Misko
Address	Kinesiology G RM 218 1615 North Westwood Avenue	Phone	419-530-2692 📞
City, State, Zip	Toledo, Ohio, 43607	Fax	419 530 4759
Phone	419-530-2692 📞	Email	andrew.misko@utoledo.edu

Quotation Instructions

Have questions or require assistance submitting an order? Please contact your account representative using the contact information listed in this quotation or call technical support 800-333-4137, option 1.

Approved quotes should be sent to: Support@MGCDiagnostics.com or faxed to: 651-484-8941, attn: technical support.

Please include a copy of your purchase order when submitting an approved quote.

Quotation Details

This Quotation supersedes all prior agreements, proposals or understandings between the parties whether written or oral. The quote, along with its exhibits, constitutes the entire agreement, and Medical Graphics is not liable or bound to any representations or agreements except as specifically set forth herein. Upon acceptance by both parties, this Quotation shall not be modified or amended in any way except by written instrument signed by both parties hereto. The Total Investment excludes shipping charges and taxes, if required. Option is included only if quantity is noted and total price is extended.

Service listed on this quotation is an estimate only using the following standard estimate values: air travel \$800, service rate \$2195/day, lodging \$175/day and auto rental \$125/day. Customer will be billed for actual daily service, travel, lodging and auto rental expenses incurred. Requests for expedited service may incur additional travel expense depending on availability of regional service representative. All estimates are for service performed Monday - Friday excluding holidays.

Quotation Line Items

Product	Description	Qty	List	Total
---------	-------------	-----	------	-------

O2 Sensor
P/N: 155198-001

Kit Universal LS10 O2 Cell Replacement

1

\$954.00

\$954.00

Quotation Totals

Subtotal \$954.00

Grand Total \$954.00

Quotation Acceptance Information

Purchaser's Signature: _____

Purchaser's Name: _____ Date: _____