

Research Department Capital Equipment Disposal Form



Children's Hospital Boston

This form shall be completed upon disposal of research capital equipment within the Hospital campus as well as off-campus locations.

Tag Number	Action Date	Description	Quantity	Manufacturer	Model	Serial Number

Approval Signatures

Authorization must be approved by the Principal Investigator and Department Head.

Principal Investigator Name

Principal Investigator Signature

Date

Department

Department ID

Telephone Extension

Department Head Name

Department Head Signature

Date
