



**UNIVERSITY OF SANTO TOMAS
COLLEGE OF NURSING**

España Boulevard, Sampaloc, Manila, Philippines 1015
Tel. No. 406-1611 loc.8241 | Telefax: 731-5738 | Website: www.ust.edu.ph

**NURSING INFORMATICS LABORATORY
RESERVATION FORM**

- ☐ First Floor Laboratory
☐ Third Floor Laboratory

PURPOSE

Activity: _____
Date: _____ Time: _____ to _____ AM/PM
Org/ Dept/ Group/ RLE: _____
CI/ Faculty Adviser: _____
Number of Comp. Units required: _____

If non-curricular, please provide brief description of activity:

ADDITIONAL REQUIREMENTS

For example, SPSS, Vital Signs or Clinical Skills Video
** please ask lab technician for available educational materials/*
softwares/ programs

CONFORME

I accept full responsibility for the cleanliness and preservation of the facilities. In the event of damage incurred during use of the said premise, the undersigned is willing to undergo due process and if deemed necessary, pay for the corresponding repairs.

I will ensure that those I represent will abide by the policies of the laboratory and certify that laboratory hours will be used only for the purpose stated above.

Name: _____
Designation: _____
Contact No.: _____
Date Filed: _____

SCHEDULE CONFIRMATION

for the laboratory in-charge to accomplish

- ☐ Available for Use ☐ Not Available for Use
Remarks:

Name and Signature



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