



Albert Einstein College of Medicine

Request for Transfer of Equipment Form

Instructions:

1. This form is to be used for **ALL** equipment requested to be transferred from Einstein.
2. The requestor will contact, _____, Property Manager for a **preliminary** listing to be
name
given to the **departmental administrator** for the PI's final selections.
3. The PI will email [Brian Pelowski, Assistant Dean for Scientific Operations](#), stating the justification for transferring **ONLY** the equipment that was originally purchased with **non-sponsored funds**.
4. Only **AFTER** approval is given via this form will a sales price be obtained from the Property Manager.

Transfer Information (to be completed by the preparer):

Principal Investigator: _____ Department: _____

Location of Equipment: Building: _____ Room: _____ Inventory (Tag) #: _____

Description of Equipment (Complete here or check here and attach documents: _____ See attached.):

Anticipated Date of Transfer: _____ IRB No.: _____

Equipment to be Transferred To:

Principal Investigator: _____ Department: _____

Institution: _____

Address: _____

Approvals:

The last approver should **return** to the Property Manager.

1. Department Chairman: _____ Date: _____
2. Property Manager: _____ Date: _____
3. Assistant Dean for Scientific Operations: _____ Date: _____
4. Assistant Dean for Einstein Information Technology: _____ Date: _____
5. Senior Associate Dean for Operations and Finance: _____ Date: _____

Receipt for Transfer of Equipment Listed (To be completed by receiving institution):

Receiver: Complete the bottom portion of this form, including signature, and **return** it to Albert Einstein College of Medicine, Research Finance Property Manager, 1300 Morris Park Avenue, Bronx, NY, 10461.

Equipment Transferred To: _____

Principal Investigator: _____

Acknowledgment of Receipt of Equipment

The signature indicates that the receiving institution accepts the title and assumes accountability for the transferred equipment.