

Office of NIH History, DeWitt Stetten, Jr., Museum of Medical Research

INSTRUMENT DONATION FORM

Date: _____

Formal instrument name: _____

Vernacular names: _____

Donation information

Donor's name: _____

Donor's title: _____

Institute and laboratory: _____

Phone and email: _____

Location of instrument: _____

Contact person for property transfer: _____

NIH property ID number: _____ Serial number: _____

Instrument information

Manufacturer: _____

Date made: _____ Date acquired: _____

How long in use: _____ Original cost: \$ _____

Weight and dimensions: _____

Operational condition (defects): _____

Has this instrument been modified? If so, please explain: _____

Special transportation concerns: _____

Special operating or storage concerns (light/heat/etc.): _____

Safety concerns (hot sources, mercury, radiation, chemical residue, etc.)

[Such instruments must be inspected by the NIH Safety Office before donation.]:

Instrument history

Was the instrument an advance in instrumentation? If so, please describe:

Was it the first of its kind? _____ One of a kind? _____

Were new lines of investigation or assays developed around this device?

In what laboratories was it used? _____

Names of investigators/technicians who used this instrument (if possible, please provide a CV and picture for each key investigator): _____

Are instrument manuals, catalogs, or advertisements available? _____

If possible, please provide copies of scientific articles that describe the instrument and/or typify the experiments performed with the instrument. If papers are not available, please describe the nature of research performed using this device: _____

Please return form to:
Michele Lyons
Bldg. 45, Room 3AN38, MSC 6330
National Institutes of Health
Bethesda, MD 20892
or email lyonsm@od.nih.gov