



**Request Loan of Sahara Equipment**  
**for Upcoming United States Healthy Athletes Health Promotion Event**

Once completed, this Form should be returned to Peyton Purcell  
([ppurcell@specialolympics.org](mailto:ppurcell@specialolympics.org))

Name of Special Olympics Program \_\_\_\_\_

Screening event dates \_\_\_\_\_ HP Clinical Director \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

How many athletes do you anticipate screening for bone density? \_\_\_\_\_

Person authorized to **receive** and sign for equipment:

Name and Title \_\_\_\_\_

Shipping address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Person who guarantees the machine will be **protected** from theft; stored and used in an appropriate environment; and use will follow instructions in the Health Promotion Clinical Directors Manual 2015

Name and Title \_\_\_\_\_

Shipping address \_\_\_\_\_

Daytime \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Person responsible for assuring **return** of the equipment within 24 hours following close of the screening event; as per the detailed repacking instructions:

Name and Title \_\_\_\_\_

Shipping address \_\_\_\_\_

Daytime \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Special Olympics \_\_\_\_\_** (*Insert Program Name*) will refer athletes with low bone density to their health care provider for follow up on the identified condition. A description of our programs' plan is included with this Sahara request form. I will submit a brief report of the outcome of these referrals within 3 months after the event.

After use, repack the machine EXACTLY as instructed to avoid costly damages. Return machine according to the Hologic representative's information. Ship the machine out within 24 hours after the close of your event so the equipment will be available for the next programs' event.. Follow "repacking Sahara" instructions including purchase of insurance of the Sahara (medical equipment) for \$7,000.

Ship machine by FedEx to:

Special Olympics (C/O Peyton Purcell)  
1133 19<sup>th</sup> Street, NW, Washington DC 20036  
Phone: 202-824-0287

*NOTE: Please Email the tracking number to Peyton at [ppurcell@specialolympics.org](mailto:ppurcell@specialolympics.org)*



Name of Special Olympics Program \_\_\_\_\_

Screening event dates \_\_\_\_\_ HP Clinical Director \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

How many athletes do you anticipate screening for bone density? \_\_\_\_\_

Person authorized to **receive** and sign for equipment: Name and Title

Shipping address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ email \_\_\_\_\_

Person responsible for guaranteeing the machine will be **protected** from theft, stored and used in an appropriate environment and will be used as instructed in the Health Promotion Clinical Directors Manual 2015.

Name and Title \_\_\_\_\_

Shipping address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ email \_\_\_\_\_

Person responsible for assuring **return** of the equipment within 24 hours following close of the screening event as per the detailed repacking instructions:

Name and Title \_\_\_\_\_

Shipping address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ email \_\_\_\_\_

Special Olympics \_\_\_\_\_ (*insert Program Name*) plans to refer athletes with low bone density to their health care provider for follow up on the identified condition. A description of the programs plan is included with this Sahara request form. I will submit a brief report of the outcome of these referrals within \_\_\_\_\_ months after the event.

After use, repack the machine EXACTLY as instructed to avoid costly damages. Return machine according to the Hologic representative's instruction.

