

CLINICAL PROGRAM TEST LIBRARY PURCHASE REQUEST FORM

1. Item requested and number of copies if relevant. Be as detailed as possible with regard to the item (e.g., if requesting a test, are you also requesting forms).

2. Cost

3. Available from

4. Brief rationale for purchase (i.e., identify a student training need that would be met by this purchase, and the unique contribution of the item not met by items currently in the library)

Please complete and return to lswartzm@uwo.ca, cc-ing aburdic2@uwo.ca