

**CLINICAL PROGRAM TEST LIBRARY PURCHASE REQUEST FORM
UWO**

<i>Date</i>
<i>Requestor</i>
<i>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?)</i>
<i>Cost</i>
<i>Available from</i>
<i>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)</i>

Please complete and return to: ekaufma5@uwo.ca, cc: espetgan@uwo.ca