



## REQUEST FOR ELECTRONIC DEVICES OR IT SERVICES

This form will not in itself initiate an order or a reimbursement; rather it provides the necessary backup documentation to accompany a Purchase Requisition. For additional information, please visit [pavir.net](http://pavir.net) to review the "Computer, Other Electronic Devices, and Associated Fees Policy."

Support is requested for:

Desktop Computer	Digital Camera
Laptop/Notebook Computer	Cell Phone
iPad or other Tablet	Monthly Fees
LAN service/connectivity	Other (specify) _____

The use of this device will facilitate my overall effectiveness in the pursuit of VA approved research and/or education by:

I understand that by accepting an electronic device purchased, or a service supported with PAVIR administered funding, I must dedicate the use of such device or service to business purposes. Any personal use must be incidental and cannot constitute the primary use, nor can it interfere with official business or create additional expenses for PAVIR.

**For devices:** Should I no longer require the use of the electronic device, or should I separate from VAPAHCS or PAVIR, I understand that I must contact PAVIR Purchasing staff for instructions. PAVIR will work with VA IT to safely excess and/or sanitize the device as necessary. In instances of theft or other criminal activity, I will report the incident to PAVIR and VA police.

**For LAN use:** I understand that I may not use the LAN connection for transfer of sensitive information, especially identifiable personal health information. I will contact VA Research Administration staff as necessary for additional information.

If applicable: If I use the computer equipment for the storage or transfer of sensitive information, especially identifiable personal health information, this equipment must be encrypted, and a copy of all VA data must be kept at VAPAHCS. PAVIR may not release the computer to my use prior to completing the encryption process. Additional data sharing agreements may be required for transfer of data to parties outside of the VAPAHCS. I will contact VA Research Administration staff as necessary for additional information.

If this device will be assigned to one of my staff, I will communicate associated obligations to the end user of the device.

Network on which device will be used:           VA Network           Stanford LAN Extension           Neither

Name of the user of the device or service: \_\_\_\_\_

Intended location of the device or service:   Building \_\_\_\_\_           Room # \_\_\_\_\_

To have the device connected to the VA network the end user must contact the VA OI&T Help Desk at extension 64767.

By signing below, I acknowledge and agree to follow these guidelines.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date