

INFORMATION DATA SHEET  
FOR UTILIZATION OF THE ORTHOPAEDIC FOUNDATION BIOSKILLS  
LABORATORY

Thank you for your interest in the Orthopaedic Foundation's BioSkills Lab. In order to assess your requirements for use of the BioSkills Lab, please fill out the following questionnaire and either e-mail it ([jbahar@ofals.org](mailto:jbahar@ofals.org)) or fax it (203-869-4040) at your earliest convenience. As soon as we receive your response, we will confirm lab and equipment availability and usage costs associated with the lab rental.

1. Please provide all dates and times during those days that you will need to use the Lab (include set-up, workshop and breakdown time).
2. Will you require cadavers? If yes, how many, and what specific tissue? Please be as detailed as possible.
3. How many stations will you need?
4. What procedure will be performed?
5. What are the intended outcomes of your procedure?
6. Will you require certain specific equipment (C-arm, for example)?
7. How many participants will be attending the workshop? Please specify representatives from your company separate from physicians/medical personnel.
8. How many attendees will require PPE?

9. Will you need us to coordinate catering? If so, please confirm if you would like breakfast, lunch, dinner, or snack; how many people for each meal, and requested delivery time. Please list any food allergies or dietary restrictions. Please note that our facility is required to coordinate all catering needs.

10. If you could attach or paste below an itinerary of the day's events, it would be greatly appreciated.

11. Please include your full contact information here (cell, email address, direct work extension, etc.).

12. Foundation Contact Information:

Janine Bahar

*Executive Director*

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