Equipment Loan Agreement CleveMed

This agreement is between ___________________________ (Patient) and CleveMed.

Terms and Conditions of Equipment Loan
1. CleveMed will lend the equipment to the borrower on the terms and conditions of this agreement.
2. The equipment shall be mailed to the patient on loan from CleveMed when the order for the diagnostic test for the specified patient has been received by CleveMed.
3. The equipment loan period may be extended by mutual consent of both parties.
4. No variation or amendment of this agreement will be effective unless it is made in writing and approved by the Director of CleveMed Operations.

Collection and Delivery of Equipment
CleveMed will send via United States Postal Service (or other carrier of choice) equipment to be used for the Home Sleep Test.

Title and Risk
1. Title and all rights to the equipment shall at all times remain with CleveMed. The patient acknowledges that it has no right, title or property in the equipment.
2. CleveMed will have the equipment checked to ensure it is fit for purpose prior to collection.
3. Risk of any loss or damage to the equipment will become the responsibility of the patient upon receipt of the device and shall not revert back to CleveMed until the equipment is back returned to CleveMed.

Cleanliness
The equipment will be appropriately cleaned prior to the loan period by CleveMed staff.

The Patient undertakings
The patient borrowing the equipment agrees that during the loan period it shall:
1. Keep the equipment in its possession and control and ensure that it is secure against loss, damage and theft.
2. Operate the equipment in accordance with any operating instructions issued for it and for the purpose it was designed.
3. Keep the equipment in good working order.

Lost or Damaged Equipment
In the event of the equipment being lost or damaged the patient agrees to pay the replacement cost ($2,400.00) to CleveMed. Ohio State University Wexner Medical Center will provide CleveMed with personal information to allow billing for the equipment.

Patient Name: ______________________________
Signature: ______________________________
Date: ______________________________