



# uOSSC Booking Request

Please return this form via: (fax) 613-761-4058, (email) [ktomas@toh.on.ca](mailto:ktomas@toh.on.ca) or (mail) The University of Ottawa Skills and Simulation Centre  
 Loeb Research Building – 1<sup>st</sup> floor  
 725 Parkdale Avenue  
 Ottawa ON  
 K1Y 4E9

The following information is required to make a tentative booking at uOSSC.  
 uOSSC staff will meet with you at a future time to gather detailed requirements and to finalize your booking.

<b>Contact information</b>		<b>Event ID #</b> <small>Internal use only</small>																			
	Person(s) booking the event	Person(s) on site during the event																			
Contact name																					
Email																					
Phone																					
Organization and department																					
<b>Type of event</b>																					
What type of event are you requesting to hold at uOSSC? (Choose all that apply)	<input type="checkbox"/> Conference / lecture <input type="checkbox"/> Procedural skills event <input type="checkbox"/> High fidelity simulation event <input type="checkbox"/> Other : _____																				
<b>Event information</b>																					
Event name																					
Requested date(s) and time(s)	<table border="1"> <thead> <tr> <th>Date</th> <th>Start time</th> <th>End time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Start time	End time															
	Date	Start time	End time																		
Please provide a detailed schedule of your event when submitting this booking form.																					
Total people on site	Number of event staff (instructors / support staff / auditors / industry representatives /standardized patients, etc.)																				
		Number of participants																			

Who are the participants?	<input type="checkbox"/> TOH staff/residents/physicians <input type="checkbox"/> University of Ottawa students/faculty <input type="checkbox"/> Non TOH or University of Ottawa affiliated – please specify: _____																													
Has the CME office been contacted for the registration and planning of this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you intend to apply for accreditation for this event?	<input type="checkbox"/> No <input type="checkbox"/> RCPSC Section 1 <input type="checkbox"/> RCPSC Section 3 <input type="checkbox"/> CFPC Main Pro 1																											
Is there any industry involvement in your event?	<input type="checkbox"/> Yes – please specify: _____ <input type="checkbox"/> No																													
Will this event be catered at the uOSSC?	<input type="checkbox"/> Arranged by uOSSC <input type="checkbox"/> Arranged by booking contact																													
Will there be any resources used from outside the University of Ottawa / The Ottawa Hospital?	<input type="checkbox"/> Yes – please specify: _____ <input type="checkbox"/> No																													
<b>Space requests</b> (refer to <a href="#">interactive floor plan</a> ). Select all that apply. Final allotment of space will be decided by uOSSC staff.																														
<table border="0"> <tr> <td><input type="checkbox"/> Small conference room</td> <td><input type="checkbox"/> High fidelity simulation room 1</td> <td><input type="checkbox"/> Exam room 1</td> </tr> <tr> <td><input type="checkbox"/> Large conference room</td> <td><input type="checkbox"/> High fidelity simulation room 2</td> <td><input type="checkbox"/> Exam room 2</td> </tr> <tr> <td></td> <td><input type="checkbox"/> High fidelity simulation room 3</td> <td><input type="checkbox"/> Exam room 3</td> </tr> <tr> <td><input type="checkbox"/> Small skills room</td> <td><input type="checkbox"/> High fidelity simulation room 4</td> <td><input type="checkbox"/> Exam room 4</td> </tr> <tr> <td><input type="checkbox"/> Large skills room</td> <td><input type="checkbox"/> Debrief room 1</td> <td><input type="checkbox"/> Exam room 5</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Debrief room 2</td> <td><input type="checkbox"/> Exam room 6</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Debrief room 3</td> <td></td> </tr> </table>				<input type="checkbox"/> Small conference room	<input type="checkbox"/> High fidelity simulation room 1	<input type="checkbox"/> Exam room 1	<input type="checkbox"/> Large conference room	<input type="checkbox"/> High fidelity simulation room 2	<input type="checkbox"/> Exam room 2		<input type="checkbox"/> High fidelity simulation room 3	<input type="checkbox"/> Exam room 3	<input type="checkbox"/> Small skills room	<input type="checkbox"/> High fidelity simulation room 4	<input type="checkbox"/> Exam room 4	<input type="checkbox"/> Large skills room	<input type="checkbox"/> Debrief room 1	<input type="checkbox"/> Exam room 5		<input type="checkbox"/> Debrief room 2	<input type="checkbox"/> Exam room 6		<input type="checkbox"/> Debrief room 3							
<input type="checkbox"/> Small conference room	<input type="checkbox"/> High fidelity simulation room 1	<input type="checkbox"/> Exam room 1																												
<input type="checkbox"/> Large conference room	<input type="checkbox"/> High fidelity simulation room 2	<input type="checkbox"/> Exam room 2																												
	<input type="checkbox"/> High fidelity simulation room 3	<input type="checkbox"/> Exam room 3																												
<input type="checkbox"/> Small skills room	<input type="checkbox"/> High fidelity simulation room 4	<input type="checkbox"/> Exam room 4																												
<input type="checkbox"/> Large skills room	<input type="checkbox"/> Debrief room 1	<input type="checkbox"/> Exam room 5																												
	<input type="checkbox"/> Debrief room 2	<input type="checkbox"/> Exam room 6																												
	<input type="checkbox"/> Debrief room 3																													
<b>Equipment</b> (please indicate how many of each equipment is needed for the event)																														
<table border="0"> <tr> <td><input type="checkbox"/> ACLS mannequins (2)</td> <td><input type="checkbox"/> Harvey Cardiac simulator (1)</td> <td><input type="checkbox"/> Suction</td> </tr> <tr> <td><input type="checkbox"/> Airway mannequins (12)</td> <td><input type="checkbox"/> Lap instrument</td> <td><input type="checkbox"/> TEE/TTE echo simulator (1)</td> </tr> <tr> <td><input type="checkbox"/> Anesthesia machine (2)</td> <td><input type="checkbox"/> Lead apron</td> <td><input type="checkbox"/> Thoracentesis models (2)</td> </tr> <tr> <td><input type="checkbox"/> Arthroscopic knee models (2)</td> <td><input type="checkbox"/> Lumbar puncture models (4)</td> <td><input type="checkbox"/> Ultrasound guided CVC mannequins (6)</td> </tr> <tr> <td><input type="checkbox"/> ATLS Trauma Man (2)</td> <td><input type="checkbox"/> Male Catheterization Models (6)</td> <td><input type="checkbox"/> Ultrasound machine (1)</td> </tr> <tr> <td><input type="checkbox"/> Bipap (2)</td> <td><input type="checkbox"/> Microscope (4)</td> <td><input type="checkbox"/> Urology Perc Mentor simulator (1)</td> </tr> <tr> <td><input type="checkbox"/> Bronchoscopy/GI simulator (1)</td> <td><input type="checkbox"/> NeuroTouch brain simulator (1)</td> <td><input type="checkbox"/> Ventilator (4)</td> </tr> <tr> <td><input type="checkbox"/> Central line mannequins (12)</td> <td><input type="checkbox"/> Power drill</td> <td><input type="checkbox"/> Video stack</td> </tr> <tr> <td><input type="checkbox"/> Defibrillator (2)</td> <td><input type="checkbox"/> Prompt birthing simulator (1)</td> <td></td> </tr> </table>				<input type="checkbox"/> ACLS mannequins (2)	<input type="checkbox"/> Harvey Cardiac simulator (1)	<input type="checkbox"/> Suction	<input type="checkbox"/> Airway mannequins (12)	<input type="checkbox"/> Lap instrument	<input type="checkbox"/> TEE/TTE echo simulator (1)	<input type="checkbox"/> Anesthesia machine (2)	<input type="checkbox"/> Lead apron	<input type="checkbox"/> Thoracentesis models (2)	<input type="checkbox"/> Arthroscopic knee models (2)	<input type="checkbox"/> Lumbar puncture models (4)	<input type="checkbox"/> Ultrasound guided CVC mannequins (6)	<input type="checkbox"/> ATLS Trauma Man (2)	<input type="checkbox"/> Male Catheterization Models (6)	<input type="checkbox"/> Ultrasound machine (1)	<input type="checkbox"/> Bipap (2)	<input type="checkbox"/> Microscope (4)	<input type="checkbox"/> Urology Perc Mentor simulator (1)	<input type="checkbox"/> Bronchoscopy/GI simulator (1)	<input type="checkbox"/> NeuroTouch brain simulator (1)	<input type="checkbox"/> Ventilator (4)	<input type="checkbox"/> Central line mannequins (12)	<input type="checkbox"/> Power drill	<input type="checkbox"/> Video stack	<input type="checkbox"/> Defibrillator (2)	<input type="checkbox"/> Prompt birthing simulator (1)	
<input type="checkbox"/> ACLS mannequins (2)	<input type="checkbox"/> Harvey Cardiac simulator (1)	<input type="checkbox"/> Suction																												
<input type="checkbox"/> Airway mannequins (12)	<input type="checkbox"/> Lap instrument	<input type="checkbox"/> TEE/TTE echo simulator (1)																												
<input type="checkbox"/> Anesthesia machine (2)	<input type="checkbox"/> Lead apron	<input type="checkbox"/> Thoracentesis models (2)																												
<input type="checkbox"/> Arthroscopic knee models (2)	<input type="checkbox"/> Lumbar puncture models (4)	<input type="checkbox"/> Ultrasound guided CVC mannequins (6)																												
<input type="checkbox"/> ATLS Trauma Man (2)	<input type="checkbox"/> Male Catheterization Models (6)	<input type="checkbox"/> Ultrasound machine (1)																												
<input type="checkbox"/> Bipap (2)	<input type="checkbox"/> Microscope (4)	<input type="checkbox"/> Urology Perc Mentor simulator (1)																												
<input type="checkbox"/> Bronchoscopy/GI simulator (1)	<input type="checkbox"/> NeuroTouch brain simulator (1)	<input type="checkbox"/> Ventilator (4)																												
<input type="checkbox"/> Central line mannequins (12)	<input type="checkbox"/> Power drill	<input type="checkbox"/> Video stack																												
<input type="checkbox"/> Defibrillator (2)	<input type="checkbox"/> Prompt birthing simulator (1)																													
<b>Special requirements</b>																														
Does your event require anatomical specimen(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other specimen(s)?	<input type="checkbox"/> Yes – please specify: _____ <input type="checkbox"/> No																											

Indicate which of the following will be needed for your event	<input type="checkbox"/> Sim Man – 3g <input type="checkbox"/> Do you need a technician?
	<input type="checkbox"/> Sim Man – 3g <input type="checkbox"/> Do you need a technician?
	<input type="checkbox"/> Sim Man – 2g <input type="checkbox"/> Do you need a technician?
	<input type="checkbox"/> Noelle <input type="checkbox"/> Do you need a technician?
	<input type="checkbox"/> C-Arm machine                      Use of a technician is mandatory.
Are you using standardized patients? (uOSSC does not provide standardized patients)	<input type="checkbox"/> Yes – please specify number: _____ <input type="checkbox"/> No
Do you need instrument washing / sterilization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require videoconferencing?	<input type="checkbox"/> Yes – please specify time: _____ <input type="checkbox"/> No
Please specify other special requirements	