

# Scrub Machine Access Form

**Email form** to CHElinen@corewellhealth.org

Date of Request: User Last Name: User First Name: Occupation/Title: Badge Number: Employee ID: Department/ Floor/ Unit: Vendor: Y/N Vendor Company: **NA**  Student Phone Number: **Location: Check all that apply:**

### Dearborn

* Farmington Hills
* Grosse Pointe
* Royal Oak
* Troy

Approval: Date:

***(OB and Trauma students only need an approval signature from their preceptors.)***

* Email the completed form to **CHElinen@corewellhealth.org**
* Please allow 24-48 hours to process all scrub machine access requests
* Concerns email to **Terri.bono@corewellhealth.org**