



## Scrub Machine Access Form

Date of Request: \_\_\_\_\_

User Last Name: \_\_\_\_\_

User First Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Badge Number: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department/ Floor/ Unit: \_\_\_\_\_

Vendor: Y N Vendor Company: NA \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Location: Check all that apply:**

- Dearborn
- Farmington Hills
- Grosse Pointe
- Royal Oak
- Troy

(Please review Linen policy and ensure requester meets criteria for scrub use)

***Required***

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Surgery students:** email to Steven Darvill for signature. [steven.darvill@corewellhealth.org](mailto:steven.darvill@corewellhealth.org) and he will email it to linen.

**OB and Trauma students:** email to your preceptor for signature and have them email the form to linen [CHElinen@corewellhealth.org](mailto:CHElinen@corewellhealth.org)

**ISSUES OR CONCERNS:** [Terri.bono@corewellhealth.org](mailto:Terri.bono@corewellhealth.org)

***\*Please allow 24-48 hours to process all scrub machine access requests***