

FAX 1-604-485-2759 or email  
info@auditoryoutreach.ca**Equipment Exchange** Includes most recent audiology report (approx. one year)

Student NAME: \_\_\_\_\_ SD &amp; School: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Ship To: \_\_\_\_\_

**Hearing Instrument Information**

Hearing Device: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Please check:

Hearing Device: Make: \_\_\_\_\_ Model: \_\_\_\_\_ ☐ Unilateral or ☐ Bilateral**Current System**

Receiver(s): \_\_\_\_\_ Transmitter: \_\_\_\_\_ Channel: \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_ Model: \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_ Serial: \_\_\_\_\_

*To assist Auditory Outreach with future loan bank equipment acquisitions, please provide a reason for your exchange request.***Equipment Being Requested**Receiver: ☐ Roger X ☐ Roger Focus ☐ Roger MyLink Please use CI Equipment Exchange form for cochlear students.☐ One ☐ Two ☐ Other (from current loan bank list per stock/AUD/AO allowances) \_\_\_\_\_Transmitter: ☐ Roger Touchscreen ☐ Oticon EduMic ☐ Cochlear MiniMic 2+ (CI & BAHA students only per AUD/AO authorization)☐ Other (from current loan bank list per stock/AUD/AO allowances) \_\_\_\_\_Special Requests: ☐ Euro Adaptor ☐ Audio Shoe/ Other \_\_\_\_\_**Audiologist Authorization** Please sign below if you are the current audiologist and are certifying the equipment being requested is compatible with the student's hearing needs.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Clinic: \_\_\_\_\_ Email: \_\_\_\_\_

Audiologist signature is required for system and component exchanges that require verification, ie. Matching RM system to hearing aid. In keeping with <http://cshbc.ca/wp-content/uploads/2019/02/CSHBC-ACPG-03-Remote-Microphone-Hearing-Assistance-Technology.pdf> use case require validation only.**School/District Authorization**

Auditory Outreach equipment and accessories are on loan to the school and/or school district. When program equipment or accessories are lost, or damaged beyond use, the school and/or school district agrees to compensate Auditory Outreach for replacement cost(s) of the equipment; and therefore requests the equipment be loaned for the above student through the Auditory Outreach program.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

(School/School District Signing Authority - Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Estimated Replacement Costs** Receivers: Roger 20 \$1994; Roger X or Focus \$1249; Roger MyLink \$734Transmitters: Roger Touchscreen \$1690; Oticon EduMic \$1100; Cochlear MiniMic 2+ \$356 **All Others:** Please Request if Required