



Thalassaemia and
Sickle Cell Australia
Unifying Support with Genetics

TASCA INFUSION PUMP PROGRAM

Loan Agreement Form

Equipment Description

Period of Loan: ____/____/____ to ____/____/____

Pump Type: MicroPump Thalapump 20 – Micrel

Pump Serial number: _____

Equipment received (please check):

- Infusion pump
- Carry bag
- Shoulder holster
- Instruction booklet

TASCA Member (Borrower)

Full name: _____

Membership type: _____

Address: _____

Phone number: _____

Email: _____

Health Specialist

Full name: _____

Hospital/Medical Centre: _____

Phone number: _____

Email: _____

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Terms & Conditions

In exchange for a loan of an infusion pump from TASCA, I agree that:

1. I have sought appropriate medical advice from a doctor that the use of this equipment is required for my medical care.
2. TASCA is loaning the equipment to me on an "as is" basis and makes no representations about the condition or usability of the equipment.
3. I will be the only user of the equipment and will be responsible for the proper use, storage and care, as well as the proper procedures and methods for administration, of the infusion pump in accordance with operating instructions detailed in the instruction booklet.
4. I will be responsible for the purchase of consumables (i.e. syringes, batteries etc.).
5. I will accept all liability for, and will not hold TASCA or any of its employees or representatives responsible for, any claims for damage, loss, injury, death, costs, or expenses arising out of or relating to the equipment while I am borrowing it, whether the claims are asserted by me or a third party, and whether the claims are asserted against me and/or TASCA, or any of its employees or representatives.
6. I am responsible for the maintenance of the equipment and that I will return it promptly, after I no longer need to use it, in the same condition that I borrowed it, except for reasonable wear and tear.
7. The maximum length of loan is 3 months. The borrower can reapply after this period pending availability of pumps.

Borrower (Parent/guardian if under the age of 18)

Full name: _____

Signature: _____ Date: _____

Office use:
TASCA Representative Approval

Full name: _____

Signature: _____ Date: _____