



UKHealthCare



# Surgical Skills Lab

700 S. Limestone  
Multidisciplinary Building #3, Rm. 210  
Lexington, KY 40536  
Phone: (859) 218-3061  
Fax: (859) 257-8696



**Fees:** For companies using the Surgical Skills Lab, there is a base lab fee of \$3000 for half-day use of the lab (less than 4 hours) and a charge of \$5000 for full-day use (exceeding 4 hours). These fees include: renting lab space, lab equipment (up to 3 arthroscopic stations and basic orthopaedic instrumentation), lab technician, surgical gowns, gloves, shoes covers, face shields, caps, set-up and clean up of the lab, disposable items provided by the lab, specimen disposal.

**Shipping items prior to the lab:** If a company wants to ship items, whether disposable or non-disposable, the items must be shipped to arrive at the clinic no later than 2 days before the lab. Non-disposable items can be shipped back as long as proper packaging is provided. Shipments should be addressed to:

UK Dept. of Orthopaedic Surgery and Sports Medicine — Attn: Rob Ullery, ATC  
740 S. Limestone / Kentucky Clinic K401  
Lexington, KY 40536

**Specimens:** In addition to the lab fee, charge of specimens will be at cost to the company. Specimens can be sent to the same address as lab items. The company must order and pay for the specimens directly. The disposal of the specimens is the company's responsibility. Specimens will be kept in a freezer in a locked room until use.

**Payment:** An invoice will be issued in conjunction with this agreement form. A check must be issued prior to the lab date. Please address the check and envelope to:

UK Dept. of Orthopaedic Surgery and Sports Medicine  
740 S. Limestone / Kentucky Clinic K401  
Lexington, KY 40536  
Attn: Rob Ullery, ATC

By signing this form, you and the company you represent agree to the terms of the lab provided above.

Date of proposed lab: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm) (dd) (yyyy)

(check one)  Half-day Lab (AM)  Half-day Lab (PM)  Full-day Lab

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Area Code + Phone Number)

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(email address)