For companies using the Surgical Skills Lab, there is a base lab fee of $2500 for half-day use of the lab (less 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, orthopaedic operating room nurse, surgical gowns, gloves, shoes covers, face shields, caps, set-up and clean up of the lab, disposable items provided by the lab, specimen disposal.

Companies may speak with the lab staff regarding sponsoring a teaching lab for residents.*

Pre-lab presentations:
A conference room in the hospital may be rented out for a period of time prior to the lab in order to provide education on a product. The manager must be notified as soon as possible in order to reserve the room. This is included in the lab fee.

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 hospital 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:
301 East 17th Street, Suite 1500
New York, NY 10003
Attn: Laith Jazrawi, M.D.

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 may order and pay for the specimens directly or the specimens can be ordered by the lab and these costs will be included in the invoice. Specimens will be kept in a freezer in a locked room until use. Disposal is performed by Stericycle.
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:
NYU Hospital for Joint Diseases, Attn: Dr. Jazrawi
301 East 17th Street, Suite 1402
New York, New York 10003

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)

_______________________
(Company)