



**BOISE STATE UNIVERSITY**

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**CENTER FOR ORTHOPAEDIC AND  
BIOMECHANICS RESEARCH**

**Center for Orthopaedic & Biomechanics Research  
(COBR)**

Request for Use

Complete all sections of the application and email to: [COBR](#)

# Section 1

Classification (check the appropriate box):

- University Academic Course
- University Department Event

Type of data required (check all that apply):

- Motion Capture Collection
- Force Platform Collection
- Electromyography (EMG) Collection
- Isokinetic Dynamometry Collection
- Ultrasound Collection
- Data Post-Processing/Analysis

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1. Course/Class/Event: \_\_\_\_\_

2. Professor/Director Name: \_\_\_\_\_

3. Department: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_

6. Is this a reoccurring event?      **Yes**       **No**

If yes, please provide dates/times:

If no, please provide the proposed date/time:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Start Time \_\_\_\_\_ End Time

\_\_\_\_\_

## Section 2

**DESCRIPTION OF NEEDS:** Please describe, in reasonable detail, what duties you will need COBR personnel to perform:

**EQUIPMENT REQUIREMENTS:** (Be as specific as possible)

**Will non-COBR personnel be involved in the conduct of the data collection/analysis?**

Yes  No

If yes, please indicate who, outside of COBR, will be involved and describe their roles and responsibilities.

**IS THIS A FUNDED COURSE/CLASS/EVENT?** Yes  No

If yes, please indicate funding source(s). If not, please indicate any costs that may be incurred by COBR (hardware, software, supplies, etc.).

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**For Internal Use Only:**

Meeting Date: \_\_\_\_\_

Attendees: \_\_\_\_\_

# Yea: \_\_\_\_\_

# Nea: \_\_\_\_\_

COBR Approval? \_\_\_\_\_

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

**Disclaimer:** Though the goal of COBR is to be as inclusive as possible and foster scientific interest, some courses/events may fall outside of the scope or capacity of what we are currently able to accommodate. As such, COBR retains the right to refuse acceptance of requests at our discretion.