VA PORTLAND HEALTH CARE SYSTEM
RESEARCH SERVICE
WORK ORDER REQUEST FORM

Please fill out the work order request with all the appropriate information and then email it to VHAPORResearchAdmin@va.gov.

Date of Request:

Location of Work (Room and bldg. number), required:

VA Equipment Number (EE number VA tag): or N/A ☐

Name of Requestor:

VA Ext:

Priority Level: (Double click box.)

High ☐ Average ☐ Low ☐

REMINDER: Only patient-related work, safety-related issues, and malfunctions that interrupt crucial work to our Investigators' research and study are considered high priority.

Please describe in detail the problem related to this work order:

This section for administrative use only:

Work Order Number: