



School of Osteopathic Medicine
Health Sciences Library

Thank you for your interest in Loansome Doc. Following you will find an information sheet and accompanying Library procedures for obtaining documents through the Rowan University School of Osteopathic Medicine -Health Sciences Library. Please complete the agreement form and return it to my attention. **Upon receipt of your signed agreement and registration fee**, we will forward to you our authorization code to use in online registration at the Loansome Doc website. For Rowan University School of Osteopathic Medicine faculty or staff an IDT invoice will be sent to you on a monthly basis as charges are incurred. For Kennedy staff a monthly invoice will be sent, or, you may set up a deposit account with us.

We look forward to receiving your requests via Loansome Doc. Don't hesitate to contact me if you have any questions or comments about the service.

Sincerely,

Janice K. Skica
Campus Library Director

Enclosures

Health Sciences Library
Academic Center
One Medical Center Drive, Suite 126
PO Box 1011
Stratford, NJ 08084

856-566-6800
856-566-6380 fax
<http://www.lib.rowan.edu/som>



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ROWAN SOM - Health Sciences Library LOANSOME DOC INFORMATION SHEET

Loansome Doc is a method of ordering documents from within PubMed. When you register for Loansome Doc, the system stores your name, address, telephone number, fax number, preferred method of delivery, and a library identifier for the library that will provide documents. Then, while in PubMed you can order articles from your list of retrieved citations.

Registration

Before you register online for Loansome Doc you must contact the Health Sciences Library. At that time you will be given the library's authorization code which you must enter on Loansome Doc's online registration page.

Loansome Doc Process

Once the article is ordered through Loansome Doc the Library will process the requests according to your online profile. If the Library can fill the request from its own collection, you should receive the article within one to two business days. If the request is forwarded to another library, it may take a week or more for your article to arrive.

For more information contact Michelle Matos at matosnm@rowan.edu or (856) 566-6802.

Please see the National Library of Medicine's Loansome Doc Fact Sheet for additional information (<http://www.nlm.gov>)

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**POLICIES AND FEE STRUCTURE FOR ARTICLES
REQUESTED
BY RowanSOM/KENNEDY FACULTY/STAFF
VIA LOANSOME DOC**

The Health Sciences Library at Stratford will provide timely delivery of articles to those who have registered to participate in the Loansome Doc program with the Library.

Requested articles which are available in the Library's collection will be copied and sent to the requestor within 2 business days.

When articles are received, requestors have the option of having the materials e-mailed, mailed or faxed, based on your predefined preference.

Rush delivery of Loansome Doc requests is not provided except under extreme emergencies. Requestors must call the Library to discuss a Rush delivery.

Articles not held within the Library's collection will be requested from other Libraries. We cannot guarantee or predict delivery time for those requests which are forwarded to other libraries.

Fees for Loansome Doc Services:

Articles held at the Health Sciences Library	Free
Articles filled outside the Health Sciences Library	
- within the state	Free
Articles filled outside the Health Sciences Library	
- outside the state	\$11.00 per article

(Please make checks out to Rowan School of Osteopathic Medicine Health Sciences Library)

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AGREEMENT

(Please Print or Type)

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Billing address _____

Please read and sign below:

WARNING CONCERNING COPYRIGHT COMPLIANCE

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I understand that the material I request may be subject to copyright restrictions (Title 17, U.S. Code). I hereby authorize the Rowan University School of Osteopathic Medicine-Health Sciences Library to process all requests submitted by myself and agree to pay charges incurred for the service.

Printed Name _____ Signature _____ Date _____

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