

## Library Services Request

Please complete the information below and return the form to the Frech Library or email to [vicki.grant@harrisonmedical.org](mailto:vicki.grant@harrisonmedical.org)

### Name

- Dept or Facility Address
- Phone or hospital extension
- Email address (for electronic delivery)
- Fax number (for fax delivery)
- Mailing address (for hardcopy)

### Type of service(s) needed:

Literature Search

Article retrieval

Date needed

Do not need after this date

### For Literature Search:

- Subject (be as specific as possible)

### For Article Retrieval:

#### 1. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

#### 2. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

Use second page for additional articles

3. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

4. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

5. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

6. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

7. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

8. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

9. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)

10. Title

- Journal (title, date of publication, volume, issue, pages)
- Author(s)