

APPLICATION FOR THE USE OF ANATOMICAL MATERIAL FOR EDUCATION

1. COURSE DIRECTOR

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. COURSE TITLE: _____**3. AUDIENCE:** *Undergraduate* *Postgraduate* *CME***4. COURSE LOCATION AND GROUP INFORMATION:** *Dept of Cellular & Physiological Sciences, UBC* *Other (Identify):* _____

Number of participants: _____

5. BILLING INFORMATION: *University of British Columbia*

Department: _____

Fund Number (if applicable): _____

Department Contact Person for Accounts Payable: _____

Phone: _____ Fax: _____ Email: _____

 Other

Contact Person for Accounts Payable: _____

Address to which invoices should be directed: _____

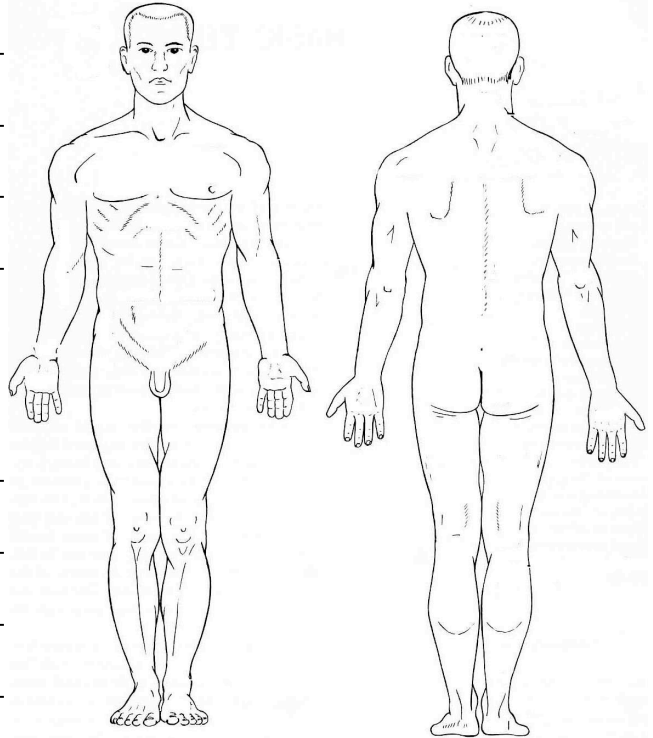
Phone: _____ Fax: _____ Email: _____

6. DATE OF APPLICATION: _____

SPECIMEN INFORMATION

1. Date(s) and time(s) when the specimens will be required:

2. Describe the specimens that are required **and the number of each**. Please indicate specific incisions that will take place on the cadaver on the accompanying diagram:



3. Please describe the procedures to be done on the specimens:

4. Embalming: *Formalin – Phenol* *Introfiant* *Unembalmed*

5. Cadaver Gender: ___ *Male* ___ *Female* ___ *Both* ___ *No Preference (specify # of each)*

6. Signature of Course Director: _____

Please fax the completed form to 604-827-4209, email to anatomy@interchange.ubc.ca, or mail to:

Dr. Claudia Krebs
Dept of Cellular & Physiological Sciences
University of British Columbia
Vancouver, BC V6T 1Z3

FOR DEPARTMENTAL USE ONLY

Service Charges: _____

Approval: _____ Date: _____