

APPLICATION FOR THE USE OF ANATOMICAL MATERIAL FOR SURGICAL COURSES

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: _____

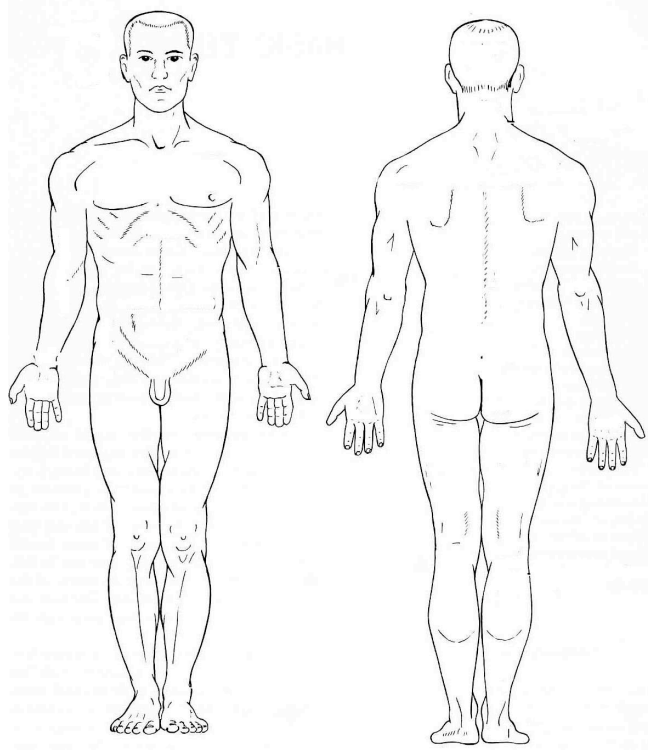
Phone: _____ Fax: _____ Email: _____

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: