

# APPLICATION FOR THE USE OF ANATOMICAL MATERIAL FOR SURGICAL COURSES OR EDUCATION

## 1. COURSE DIRECTOR:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. INSTITUTION:

\_\_\_\_\_

## 3. COURSE/SESSION TITLE:

\_\_\_\_\_

## 4. AUDIENCE:

Undergraduate

Postgraduate Residents - PGY \_\_\_\_\_ Program: \_\_\_\_\_

CME

## 5. COURSE LOCATION:

University of Ottawa Anatomy Laboratory (Room 2240)

University of Ottawa Skills & Simulation Centre (uOSSC)

Other: \_\_\_\_\_

## 6. NUMBER OF PARTICIPANTS:

\_\_\_\_\_

## 7. UNIVERSITY OF OTTAWA INSTRUCTOR REQUIRED?:

Yes  No

## 8. BILLING INFORMATION:

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## 9. DATE OF APPLICATION:

\_\_\_\_\_

## 10. OTHER INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# APPLICATION FOR THE USE OF ANATOMICAL MATERIAL FOR SURGICAL COURSES OR EDUCATION

## 11. SPECIMEN INFORMATION:

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

---

---

---

B) Describe the specimens that are required **and the number of each**. If cuts at specific levels are needed, please indicate this on the accompanying diagram:

---

---

---

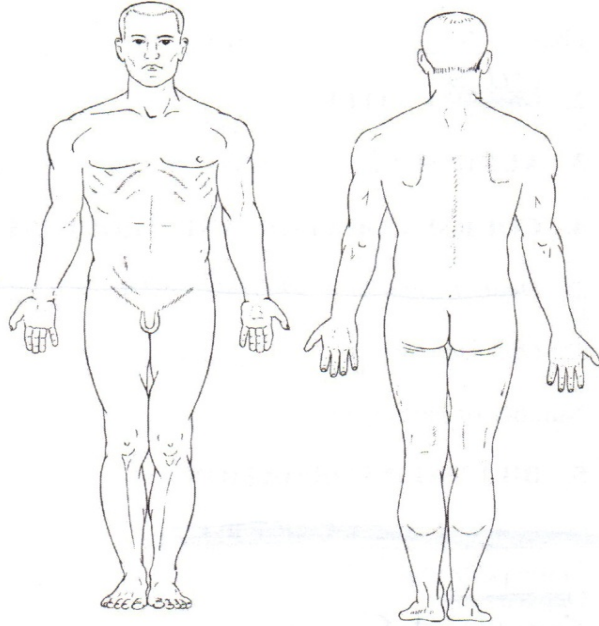
---

---

---

---

---



C) Please describe the procedures to be done on the specimens:

---

---

---

---

---

---

---

---

\*\*\*\*Please note that a cancellation fee may apply.\*\*\*\*

D) Embalming:     Embalmed             Unembalmed  
                          Special Instructions: \_\_\_\_\_

E) Signature of Course/Session Director: \_\_\_\_\_

Please fax the completed form to **613-562-5687**, email to **anatomy@uottawa.ca**, or mail to:

**Dr. Maxwell Hincke**  
Division of Clinical and Functional Anatomy  
University of Ottawa  
451 Smyth Road, Room 2239  
Ottawa, ON    K1H 8M5  
613-562-5782

## FOR DEPARTMENTAL USE ONLY:

Service Charges: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_