

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:

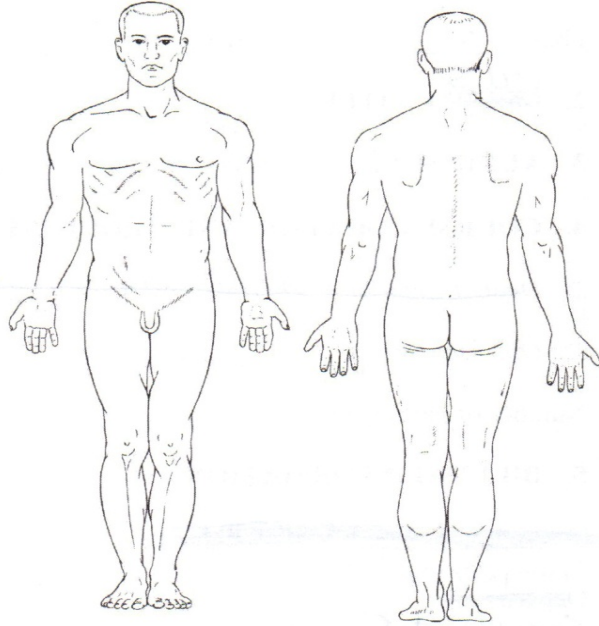
10. OTHER INSTRUCTIONS:

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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: _____