Anatomical Board of the State of Nebraska

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REQUEST FOR ANATOMICAL MATERIAL	Date _____ Date material needed for study: _____ Time material needed for study: _____ Bill to: _____ _____ Unit Cost: _____ Total Cost: _____

Name of person requesting tissue:	Position:	Telephone number:
Institute/Professional Affiliation:		
Purpose of study (circle): Education (student, resident, professional) Research Clinical		
Region involved in this study:		
Number of donors needed for this study:		
Preparation: A) Embalmed B) Lightly embalmed C) Non-embalmed (IBC protocol number)		
Location of study:		
Name and phone of person responsible for the care and RETURN of tissue:		Telephone number:

Please use back of this form to identify individuals involved in this study.

We hereby certify that the human anatomical material taken for this study will be used only for the educational or research purpose stated above at the location indicated on this form. The Anatomical Board reserves the right to inspect the facility where the tissue is located at any time. Although non-embalmed donors will be tested for HIV and Hepatitis B & C, all human tissue should be treated as potentially hazardous material. We therefore also acknowledge that everyone involved in this study is aware of the potential hazards of working with human tissue and has received all necessary training for its safe handling. We agree that the identification tags must remain attached to the body or body part at all times. The anatomical material will be returned on _____ for final disposition by the Nebraska Anatomical Board.

Signature of person requesting materials _____ Date _____

Department Chairperson's signature _____ Date _____

List of individuals involved in this study:

Name	Title	Professional Affiliation	Telephone Number

To be completed by Nebraska Anatomical Board

Donor Number	
Organization from which anatomical material received	
Material transported by	To
Room Approved By	Date
Date and time tissue TAKEN for study	By
Date and Time tissue RETURNED from study	By
Authorization for cremation on file	
Plan for final disposition	
UNMC Anatomical Board Representative	