## APPLICATION FOR THE USE OF DONOR BODIES FOR SURGICAL AND EDUCATIONAL COURSES

Please complete the first 9 items and either FAX (604-827-4209), email (body.program@ubc.ca) or mail (Anatomical Oversight Committee, Dept of Cellular & Physiological Sciences, 2350 Health Sciences Mall, University of British Columbia Vancouver, BC V6T 1Z3) to the Anatomical Oversight Committee

This application must be submitted at least 6 months before the course begins.

1. COURSI	E DIRECTOR			
Name:				
UBC Affilia	ation:			
Address:				
Phone:	Fax		Email:	
2. COURSI	E TITLE:			
3. AUDIEN	ICE:   MDUP   Ot	her Undergraduate	□ Postgraduate	□ CME □ Residents
Number of p	participants:			
4. COURSI	E LOCATION:			
]	□ UBC Anatomy Lab	□ VGH SIM	□ СННМ	□ Jack Bell
5. DATE O	F APPLICATION:			
6. INFORM	MATION ABOUT THE I	OONOR'S BODY		
Date(s) and	time(s) the donor bodies v	vill be required:		

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

Please describe the procedures to be done on the donor's body:	CEEC COM
7. <b>EMBALMING</b> :   □ Formalin – Phenol	□ Unembalmed
8. DONOR GENDER: Male Female (specify # of each)	ale BothNo Preference
9. SIGNATURE OF COURSE DIRECTOR:	
10. *QUOTE:	
*The quote is for transporting, storing and pr	reparing, and cremating the donor bodies.
11. SIGNATURE OF DIVISION/DEPARTMENT HEA Signifies the cost is accepted	AD:
12. PG to be Charged:	

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

The charge will be processed at year end

Anatomical Oversight Committee
Dept of Cellular & Physiological Sciences
2350 Health Sciences Mall
University of British Columbia Vancouver, BC V6T 1Z3