

**APPLICATION FOR THE USE OF ANATOMICAL
MATERIAL FOR**

POST-GRADUATE ELECTIVES

1. STUDENT INFORMATION

Name: _____

Phone: _____ Fax: _____

Email: Student ID Card Number: # _____

Program/Department: _____

2. ELECTIVE INFORMATION

Title: _____

Location: *Gross Anatomy Lab*

Multi-Purpose Lab (neuroanatomy)

Other (Identify): _____

Date(s) and Time(s): _____

Number of hours in lab _____

3. INSTRUCTOR INFORMATION (if applicable)

Name: _____

Phone: _____ Fax: _____ Email: _____

4. 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: _____

Self-Funded

7. SPECIMEN INFORMATION

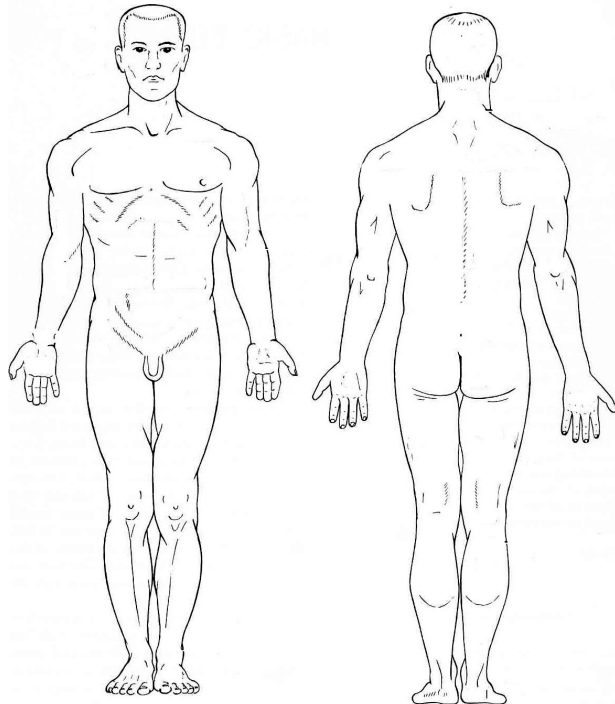
Describe the specimens that are required and the number of each. If cuts at specific levels are needed, please indicate this on the accompanying diagram:

Prosections *Unembalmed Cadaver* *Embalmed Cadaver*

Gender (if requesting cadaver):

___ *Male* ___ *Female* ___ *No Preference*

Please describe the procedures to be done on the specimens:



6. SIGNATURE OF COMMITTEE:

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

Anatomical Committee
Dept. of Cellular & Physiological Sciences
University of British Columbia Vancouver, BC V6T 1Z3

FOR DEPARTMENTAL USE ONLY

Approval: _____

Date: _____