

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

Please complete the following 9 items and return by FAX (604-827-4209), email (body.program@ubc.ca) or mail (Body Donation Program, Dept of Cellular & Physiological Sciences, 2350 Health Sciences Mall, University of British Columbia Vancouver, BC V6T 1Z3).

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

1. COURSE DIRECTOR

Name: _____

UBC Affiliation: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2. COURSE TITLE:

3. AUDIENCE: MDUP Other Undergraduate Postgraduate CME Residents

Number of participants: _____

4. COURSE LOCATION:

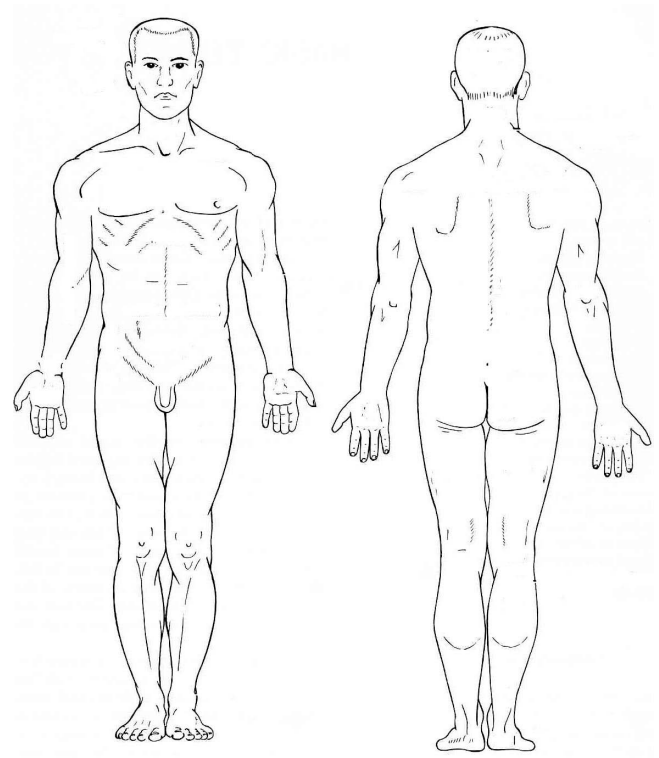
UBC Anatomy Lab VGH SIM CHHM Jack Bell

5. DATE OF APPLICATION: _____

6. INFORMATION ABOUT THE DONOR'S BODY

Date(s) and time(s) the donor bodies will 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:

7. EMBALMING: *Formalin – Phenol* *Unembalmed*

8. DONOR GENDER: *Male* *Female* *Both* *No Preference*
(specify # of each)

9. SIGNATURE OF COURSE DIRECTOR: _____



10. *QUOTE: _____

*The quote is for transporting, storing and preparing, and cremating the donor bodies.

11. SIGNATURE OF DIVISION/DEPARTMENT HEAD: _____

Signifies the cost is accepted

12. PG to be Charged: _____

The charge will be processed at year end

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

Body Donation Program
Dept of Cellular & Physiological Sciences
2350 Health Sciences Mall
University of British Columbia Vancouver, BC V6T 1Z3