

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

Please complete the following sections and return to the UBC Body Donation Program (contact information is found at the bottom of this form).

*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:**       **I agree that this is a UBC course and is limited to UBC faculty, students, and supporting nurses.**

Circle all that apply:    *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:

\_\_\_\_\_

On the next page, 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:

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Please describe the procedures to be done on the donor's body:

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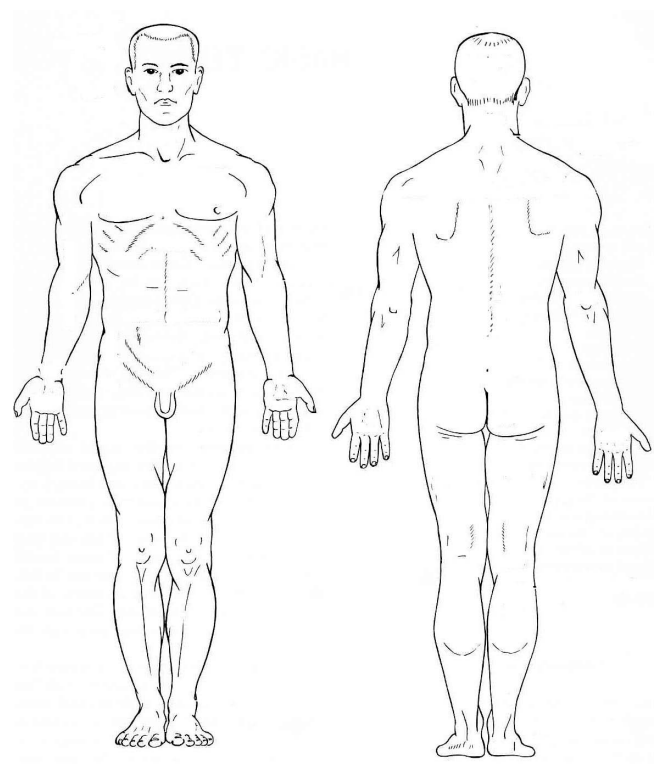
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7. EMBALMING:             *Formalin – Phenol*             *Unembalmed*             *Soft-embalmed*

8. DONOR SEX:  
(based on ext. gen.)             *Male*             *Female*             *Both*             *No Preference*  
Please specify # of each

9. PHOTOGRAPHY/VIDEOGRAPHY             *NO*             *YES - A waiver will be provided*

10. SIGNATURE OF COURSE DIRECTOR: \_\_\_\_\_

11.\*QUOTE: \_\_\_\_\_

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

12. SIGNATURE OF DIVISION/DEPARTMENT HEAD: \_\_\_\_\_

*Signifies the cost is accepted*

13. UBC account (Worktag) to be Charged: \_\_\_\_\_

*The charge will be processed at fiscal year end*

Please fax the completed form to 604-827-4209, email to [body.program@ubc.ca](mailto: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