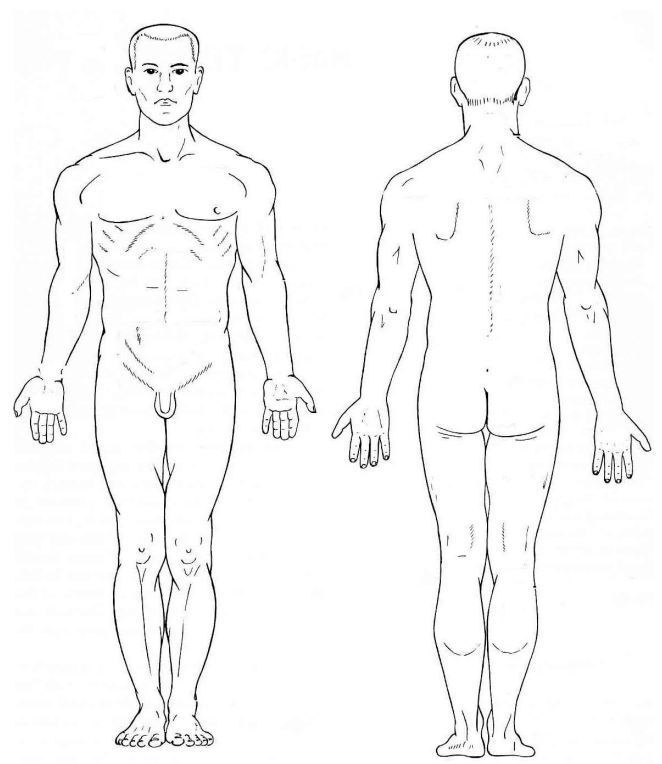

Please describe the procedures to be done on the donor's body:



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: _____

UO E
he uote is for trans orting storing and re aring and cremating the donor bodies

SIGNA URE OF DIVISION DEPAR MEN HEAD
Signifies the cost is accepted

13. UBC account (Worktag) to be Charged: _____
e ar e will be pro e ed a fi al ear e d

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