

Anatomical Materials Request Form

THIS FORM MUST BE RETURNED TO ANATOMICAL SERVICES 20 BUSINESS DAYS BEFORE A LAB IS REQUESTED *

Date Submitted: _____ Date Material(s) Needed: _____ Expted Date of Material(s) Return: _____

Requester Name: _____

Institution/ _____

Department: Address: _____

E-mail: _____ Fax #: _____ Phone #: _____

Materials Needed (Such as: gloves, gowns, masks, basic instruments, Atlas/Dissectors, computer, lighting, specimen criteria, quantity, etc.) Please be as detailed as possible:

Serology Testing?
[] none [] Hep B
[] Hep C [] HIV
Preservation:
Unembalmed [] Long-term: Standard OSU []
Alternative options, please inquire for more information []
Sex: # ___ Male
___ Female
___ No Preference

Specific Research*/Class Materials to be used for _____

*If materials are being used for research, please submit a research summary/abstract with this request form. Allow an additional two (2) to three (3) months for research proposal review process.

Storage and Security Arrangements
If holding specimens overnight/prolonged period: _____

Lab needed? [] Yes [] No: Number Attending? _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Name of Person Responsible: _____

If off campus, method of transportation/company: _____

Billing Contact Information

Name: _____ Check Box if Paying by State or Federal Grant Funds []

Address: _____

E-mail: _____ Fax #: _____ Phone #: _____

Please be sure that all information is complete, including ALL contact information. Then email it to Body Donor (BodyDonor@osumc.edu). If you have any questions, please email.