

Faculty of Medicine Department of Medical Neuroscience Clinical Cadaver Program

3. SESSION TITLE: 4. AUDIENCE: Undergraduate Postgraduate CME Research Other 5. SESSION LOCATION: Tupper Clinical Skills Centre Sim Bay DMNB Lab Other (Identify) 6. DATE(S) SPECIMENS WILL BE REQUIRED: 7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	APPLICATION FOR ANATOMICAL MATERIAL
Name:	1. DATE OF APPLICATION:
Department/Division/Organization: Phone: Fax: Email: 3. SESSION TITLE: 4. AUDIENCE: Undergraduate Postgraduate CME Research Other 5. SESSION LOCATION: Tupper Clinical Skills Centre Other (Identify) 6. DATE(S) SPECIMENS WILL BE REQUIRED: 7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	2. LEAD EDUCATOR/SCIENTIST
Phone:Fax:Email:	Name:
3. SESSION TITLE: 4. AUDIENCE: Undergraduate Postgraduate CME Research Other 5. SESSION LOCATION: Tupper Clinical Skills Centre Sim Bay DMNB Lab Other (Identify) 6. DATE(S) SPECIMENS WILL BE REQUIRED: 7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	Department/Division/Organization:
4. AUDIENCE: Undergraduate Postgraduate CME Research Other 5. SESSION LOCATION: Tupper Clinical Skills Centre Sim Bay DMNB Lab Other (Identify) 6. DATE(S) SPECIMENS WILL BE REQUIRED: 7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	Phone:Email:
4. AUDIENCE: Undergraduate Postgraduate CME Research Other 5. SESSION LOCATION: Tupper Clinical Skills Centre Sim Bay DMNB Lab Other (Identify) 6. DATE(S) SPECIMENS WILL BE REQUIRED: 7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	3. SESSION TITLE:
Tupper Clinical Skills Centre Sim Bay DMNB Lab Other (Identify) 6. DATE(S) SPECIMENS WILL BE REQUIRED: 7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	
DMNB Lab Other (Identify) 6. DATE(S) SPECIMENS WILL BE REQUIRED: 7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	5. SESSION LOCATION:
6. DATE(S) SPECIMENS WILL BE REQUIRED: 7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	Tupper Clinical Skills Centre Sim Bay
7. SESSION START/END TIMES: 8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	DMNB Lab Other (Identify)
8. BILLING INFORMATION: Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	6. DATE(S) SPECIMENS WILL BE REQUIRED:
Department/Division/Organization: Contact Person for Accounts Payable: Phone: Fax: Email:	7. SESSION START/END TIMES:
Contact Person for Accounts Payable: Phone: Email:	8. BILLING INFORMATION:
Phone: Fax: Email:	Department/Division/Organization:
	Contact Person for Accounts Payable:
Additional Billing Information	Phone: Fax: Email:
	Additional Billing Information
I and the second of the second	

Specimen Information

Clinical Cadaver # Ti	raditional Cadaver	#Prosection #
SPECIFIC REQUESTS: MALE	FEMALE	Exclude specimens with known prior surgery in
ist specific region)		
ther Requests:		
Common Co		3. Click body regions to be used and describe as either invasive or non-invasive.
		(Invasive: procedure results in altered anatomy Non-invasive: procedure does not result in distorted anatomy)
		Procedure Invasive Non-invasiv
		А.
		В.
		С.
		D
		E
		F
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		G.

NOTE: APPROVAL OF MATERIAL USE IS DEPENDENT UPON AVAILABILITY. All requests for material use must be submitted by email to tamara.harvey@dal.ca for review and approval. Approval of an application is dependent on the nature of the proposal and the availability of specimens. Once approved, the specimens may be used for a reasonable, but limited amount of time, and safeguards must be maintained to ensure the dignified use of these materials. Any use or conduct that is deemed inappropriate may result in future limitation of CC use.

Department of Medical Neuroscience • Clinical Cadaver Program Sir Charles Tupper Building • 5850 College Street PO Box 15000 • Halifax NS B3H 4R2 Canada Tel: 902.494.3383 • Fax: 902.494.4859 • www.medical-neuroscience.medicine.ca