

Anatomic Specimen Request

University of Pittsburgh School of Medicine
Department of Pathology & Office for Oversight of Anatomic Specimens (OOAS)

Date: _____

Please complete all applicable fields. All signatures must be secured prior to release of cadavers through the Humanity Gifts Registry Program (HGR) or submission of a specimen request from an approved external tissue supplier.

Release of HGR cadavers is restricted to availability. All specimen requests are handled through the OOAS.

Course Director/ Principal Investigator: _____

Position: _____

Phone: _____

Email: _____

Contact Person: _____

Position: _____

Phone: _____

Email: _____

Department/ Division: _____

Cost Center/Acct. No.: _____

Fiscal Contact Name: _____

E-mail: _____

Specimen(s) requested:

Preserved (chemically treated):

Unpreserved (no chemicals/fresh-frozen):

HGR Whole-body Cadaver(s):

Quantity: _____ Male/Female Preference: _____

Use text field to add any additional criteria.

Anatomic Specimens: Use text field to specify specimen type (e.g. upper extremity,) & quantity requesting.

List required criteria. Indicate anatomic site to be studied.

Dates of Specimen Use: Begin: _____ End: _____ Requested Delivery date: _____

Secondary Use Specimen Request: Request to use existing HGR cadaver(s) or anatomic specimen(s) for a new purpose that is different than originally submitted to the OOAS. List tissue supplier, specimen type and donor ID #s or list HGR Cadaver Donor ID#.

Photographing/Video Imaging? Yes No

If yes, provide information why imaging is necessary. Indicate who will have access, storage location and measures to protect the donor's dignity and identity.

Purpose of Specimen Use- please choose from the following:

Education: Clinical Training: Research:

CME Credit Course: Yes No

Grant of Industry Sponsor(s) Yes No

Name of Sponsor (s):

Note: The involvement of company representatives (presence in the lab) is subject to the following requirements: Industry Relationships Policy UPMC (HS EC 1702) and Vendor Access Policy (HS-FM0222). Registration in VendorStat and completion of the Vendor Training module at www.hsconnect.pitt.edu.

CORID Approval No.: _____

Provide a brief description of course (including purpose and content/training planned) & Course #, or research study and procedures to be performed on specimen(s). All courses utilizing HGR whole-body cadavers, please submit course syllabus with the specimen request.

Participants: Indicate number of each. In the text field below provide specifics regarding the type of Students: Health sciences or other disciplines; undergraduate, graduate or other (explain); Pitt vs. other. Provide details regarding external participants.

Students Residents Fellows: Faculty: External Invited Guests:

Location of Specimen Use: (EH&S approved facility)

Building/Lab & Room No.:

University of Pittsburgh, Scaife Hall: Anatomy lab Specialty Lab

Storage of Specimen (s): (EH&S approved facility)

Building/Lab & Room No.:

University of Pittsburgh, Scaife Hall: Anatomy Lab Specialty Lab

Other:

Type of storage: Freezer Refrigerator Other:

Will specimens/tissue be stored with animal tissue? Yes No

If yes, what measures will be taken to keep these specimens/tissues separated?

Individuals Participating in Course or Study

List PI/Course Director first

List ALL persons who will be present in the lab; Internal - UPMC or Pitt or External

List ALL invited company representatives (must be approved to attend the lab)

* University of Pittsburgh or UPMC

** Person in attendance will handle the tissue either by performing surgical procedures, dissection or use of a medical device or needle

	Name	Title	*Int.	Ext.	Dept./Div.	Phone #	**Tissue Contact	
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1. **It is a privilege to learn from donor bodies and as such it is expected and understood that all donor cadavers and anatomic specimens will be treated and handled with the utmost respect and dignity by all participants during the course/study under my direction.**
2. It is understood and agreed by the Course Director/Principal Investigator and all participants listed on this request will not use or transport the specimen(s) identified above outside of the above-named facility nor use the cadaver/specimen(s) for any purpose other than that described herein without prior written approval from the OOAS and the external tissue source.
3. Taking photographs or making video recordings of cadavers/specimens requires prior written approval from the tissue source; the approval process must be coordinated through the OOAS. Please note that photographing or making video records of HGR cadavers/specimens is generally prohibited.
4. All human tissue should be treated as potentially hazardous material and, as such, it is acknowledged that all universal blood and bodily fluid barrier precautions shall be used during the conduct of the proposed activities.
5. It is understood and agreed that an appropriate acknowledgment of the source of any cadaveric tissue utilized will be included in any presentations or publications arising from this work.
6. It is agreed that the identification tag must remain attached on HGR whole body cadaver at all times.

I have read and agree to the above terms:

Course Director/Principal Investigator

Approved:

Jim Maksin
Director, Anatomical Programs/Humanity Gifts Registry (HGR) Department of Pathology

Monica A. Linde, MSIE, RN
Administrator, Office for Oversight of Anatomic Specimens

Barbara E. Barnes, MD, MS
Associate Dean for Continuing Medical Education, University of Pittsburgh School of Medicine
Associate Vice Chancellor for Continuing Education in the Health Sciences