## Anatomical Board of the State of Nebraska

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Department of Biomedical Sciences School of Medicine Creighton University Omaha, Nebraska 68178 (402) 280-2542 Department of Genetics, Cell Biology, and Anatomy College of Medicine University of Nebraska Omaha, Nebraska 68198-6395 (402) 559-4030

REQUEST FOR ANATOMICAL	Date of request:						
MATERIAL	Date(s) material r	Date(s) material needed:					
	Time(s) material	Time(s) material needed:					
	Cost Center Num	ber:					
Name of person requesting tissue	2:	Position:	Telephone number:				
Department/Institute/Professiona	l Affiliation:	1					
R	Education (student, resident Research Clinical	, professional)					
Region involved in this study:							
Number of donors needed for thi	s study:						
Preparation: A) Embalmed B) I	ightly embalmed						
Location of study:							
Name and phone of person responsible for the care and RETURN of tissue:			Telephone number:				
Please use back of this form to	identify individuals invo	olved in this study.					
purpose stated above at the loc where the tissue is located at an human tissue should be treated	ation indicated on this for my time. Although non-on as potentially hazardous	orm. The Anatomical F embalmed donors will b s material. We therefor	be used only for the educational or research Board reserves the right to inspect the facility be tested for HIV and Hepatitis B & C, all re also acknowledge that everyone involved and has received all necessary training for its				
We agree that the donor identif	ication tags must remain	n attached to the body o	or body part at all times.				
If "location of study" is other to anatomical material will be returned.			please indicate the date the nal disposition. Date:				
Signature of person requesting	materials		Date				
Department Chairperson's sign	ature		Date				

List of individuals involved in this study:

Name	Title	Pı	rofessional Affiliation	Telephone Number
To be somel	eted by Nebraska Ana	tomical Rea	ord	
	eted by Nebraska Alia	tonnear boa	iid —	
onor Number (s)				
rganization from which anatomical material received				
faterial transported by		То		
coom Approved By		Date		
ete and time tissue TAVEN for study		Dv		

## Organization from which anatomical material received Material transported by To Room Approved By Date Date and time tissue TAKEN for study By Date and Time tissue RETURNED from study By Authorization for cremation on file Plan for final disposition UNMC Anatomical Board Representative