



Department of Anatomy and Cell Biology
Faculty of Medicine
3640 University Street
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514-398-6350

APPLICATION FORM FOR THE USE OF ANATOMICAL MATERIAL

Date of Submission: _____ (Minimum of 2 weeks prior to the requested date)

Booking sessions at the Strathcona Gross Anatomy Laboratory is a **two-step process**. In order to facilitate the planning of your learning or research activity, please complete this **Application Form**. The Gross Anatomy Laboratory Staff will assess the logistic associated to your request and the Director of the Anatomical Sciences Division will then review the information provided before contacting and advising you of the decision. Upon approval, an agreement form as well as an acknowledgment of risk and waiver form will be sent to you. **Please note that submitting this form does not guarantee a reservation. Your application could be redirected to the Arnold and Blema Steinberg Medical Simulation Centre, if more appropriate.**

Should you need to make any changes or corrections to the logistics for your session (i.e., date, time, number of participants, etc.) **please submit a second Application Form** detailing the changes that you require. Please also include the word "Change" or "Correction" in the Course/Workshop or Project Title.

Please complete section I or II then proceed to sections III:

I. EDUCATION PURPOSE

1. Course/Workshop Director:

McGill Affiliate: ☐ Yes ☐ No

Name:

Address:

Phone:

Email:

2. Course/Workshop Title:

3. Audience (please specify number of participants): ☐ McGill Undergraduate #

☐ McGill Postgraduate # ☐ CME# ☐ Other: #

4. Brief Statement of the Learning Objectives:

5. Required Assistance: ☐ No ☐ Yes, if yes please specify: ☐ Technical Staff ☐ Faculty

II. RESEARCH PURPOSE

1. Principal Investigator

McGill Affiliate: ☐ Yes ☐ No

Name:

Address:

Phone:

Email:

2. Project Title:

3. Brief Outline of Research Proposal (Required for Approval):

4. Status of Research Ethical Approval Board: ☐ IRB approved ☐ IRB pending

5. Required Assistance: ☐ No ☐ Yes, if yes please specify: ☐ Technical Staff ☐ Faculty

III.SPECIMEN INFORMATION

7. Date(s) and time(s) when the specimens will be required (Saturdays, Sundays and Legal Holidays will be considered overtime):

8. Please describe the procedures to be done on the specimens (specify site if incisions are performed):

9. Equipment Required (McGill Affiliates need to bring their own labcoats, gloves and safety glasses):

☐ *Dissection Instruments* ☐ *Audio-visual display* ☐ *Not applicable*

10. Embalming: ☐ *Formalin – Phenol* ☐ *Thiel* ☐ *Fresh Frozen* *Freedom Art Fluid*

11. Specimen Gender (please specify number): ☐ *Male #* ☐ *Female#* ☐ *Both #*

☐ *No Preference*

Signature of Course/Workshop Director or Principal Investigator:

**Please e-mail the completed form to Joseph Dubé, Administrator of the
Body Donor Program, at joseph.p.dube@mcgill.ca.
For more information please call 514-398-2575.**

FOR DEPARTMENTAL USE ONLY

Approval: _____ Date: _____