

Cadaveric Tissue Request

*University of Pittsburgh Health Sciences
Office for Oversight of Anatomic Specimens*

Telephone: 412-802-8280

FAX: 412-647-1920

Please provide the following information. All signatures must be secured prior to release of tissue*.

Course Director:

Position:

Phone:

Email:

Contact Person:

Position:

Phone:

Email:

Department/Division:

Tissue Source: HGR [] Autopsy [] Other []

Type Requested:

Number Required:

Purpose of Tissue Use:

Education []

Clinical Training []

*Description of course and procedures to be performed on tissue specimen(s):
(attach syllabus, course brochure or abstract)*

Dates of Use: Begin:

End:

Location(s) of Use:

Where will tissue be stored?

***Tissue type includes organs.**

- 1) *It is understood and agreed that the person named above and all others listed on the attachment will use the specimen(s) only for the purpose described herein.*
- 2) *All human cadaveric 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.*
- 3) *All cadaveric tissue will be contained appropriately and stored in a safe and secure area.*

Course Director

Approved:

Source Department Authorized Signature
HGR/Pathology/Other (Insert)

Shoshana A. Matusak, MSL
Director, Office for Oversight of Anatomic Specimens

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