

**Montana Body Donation Program**

***Supporting the MT WWAMI Medical Education Program at MSU***

***and Health Science Education Programs throughout Montana***

***APPLICATION FOR OBTAINING A CADAVER FOR EDUCATIONAL USE***

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requester: *(must be a faculty member within an institution of higher education*)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesters’ Supervisor: (*Dean/Department Head*)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Contact: (*accountant responsible for payments to the MBDP*)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A hard copy purchase order is required prior to the allocation of a human cadaver.

PO number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please use the following section to fully describe your request.***

***The Montana Body Donation Program provides cadavers for anatomical studies/classroom instruction to institutions of higher learning in Montana. The cadavers are embalmed and can be used for 1- 5 years.***

Number of cadavers requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected return date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special requests: (e.g., gender) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please attach a description of the anatomical training and teaching experience of the instructor(s) and performing/supervising dissection. List all faculty/physicians participating in the instruction or dissection of the cadaver. List the course(s) in which the cadaver(s) will be used for anatomical study. Include any required texts, atlases, and dissection guides in the course description.***

***Anatomical Materials Use Agreement***

1) Donations to the Montana Body Donation Program (MBDP) are confidential. Disclosure of a Donor name is against MBDP policy. Donor anonymity shall be preserved. To protect the privacy of the donor, the face or any other identifying feature of the material shall never be publically displayed. This includes display to students, staff, visitors and faculty not participating in the intended use of the material.

2) The cadaver on loan to your organization remains the property of the Montana Body Donation Program and can be recalled at any time at the sole discretion of the Program.  **User institutions shall not sell, transfer anatomical materials to any third party under any circumstances.**

3) The cadaver shall not be used for any purpose other than the educational studies that you specified in your use description.

4) The cadaver will be used in the laboratory in the educational facility that is described in the use agreement. The cadaver must be kept in a locked room when not in use. Appropriate signage must be present (e.g., no admittance, authorized personnel only, no photography, no minors). Under no circumstances shall the cadaver be taken from the laboratory or storage area, except for acquisition and return.

5) Changes in personnel (faculty or staff) who have oversight responsibilities regarding the procurement, educational use, storage, and security of the allocated cadaver must be reported to the Program within 30 days.

6) The cadaver is sent with an identification tracking number on the anatomical tracking form, cadaver information sheet, and on the eartag. This number must remain attached to the specimen.

8) The MBDP reserves the right to conduct a site visit before approving the use of a cadaver at your institution. Additional inspection may be conducted on an annual basis or as often as deemed necessary by the MBDP. Failure to pass a site inspection may result in the immediate revocation of the loan of a cadaver.

9) All preserved cadavers, must be considered potentially infectious. Preserved materials must be considered to contain hazardous chemicals. Universal Precautions are to be observed in all handling of the anatomical material. Users are responsible for keeping materials labeled appropriately and stored in compliance with applicable laws and regulations. While a cadaver is in your care, you assume the responsibility for providing appropriate health and safety training and supervision of all personnel and students.

10) The Montana Body Donation Program recommends full segregation of postmortem human and animal tissues.

11) Submission of the “Anatomical Material/Cadaver Request Application” is no guarantee that anatomical material will be available. To help ensure your request is fulfilled, we request 6 months advance notice whenever possible.

12) Final disposition of the cadavers shall be carried out by the Program. The institution will contact the MBDP when anatomical studies have been completed. The institution will make arrangements with the MBDP to return the cadaver remains. All remains, including soft tissues, will be labeled with the proper identification and returned. No specimens will be retained. Specimens may be requested following cataloguing and labeling by the MBDP. Any questions regarding use and disposition of specimens shall be directed to the MBDP.

**On behalf of the organization named herein, we accept full responsibility for the proper**

**use, handling and storage of all cadavers while under our care. By signing this document,**

**we certify that we have read, understand and agree to abide by the conditions provided in**

**this application, and will contact the MBDP if we have any questions.**

Requestor Signature Date

Responsible Institutional Representative Signature Date

***For internal use only***

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved Denied, if denied, reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

**Cassie Cusick, Ph.D., Director**

**Jordan Edson, Program Coordinator**

**Montana Body Donation Program**

**Montana State University**

**937 Highland Blvd, Suite 5220**

**Bozeman, MT 59715**

**Telephone: (406) 994-6516**

**Cell Phone: (406) 599-0572**

**Fax: (406) 994-4398**

**wwamiaid@montana.edu**