



*For office use only*

**Protocol #:**

Indiana University Health

# Methodist Research Institute Cadaver Request Form

**Contact**

**Company**

**Email**

**Billing address**

**Phone number**

**Purpose of course**

**Background of attendees**

**Type of cadaveric materials requested:**

Male	Fresh	Head	Whole arm
Female	Embalmed	Torso	Whole leg
Either sex	Whole body	Torso w/ head	Knee
Quantity:		Other:	

**Special requirements of Specimen (ie, Never had surgery, No hip/knee replacements):**

**List required surgical instruments:**

**Check special equipment required:**

Video tower	Stryker System 5 (large power)	Extremity holder
Operating microscope	C-arm	Stryker TPS
Cautery	Midas Rex drill	Other (please specify):
Stryker Cordless Driver 2	Knee holder	

**Check required surgery items:**

Gloves	Masks	Suction
Surgical scrubs	Face Shields	Blades
Gowns	Drapes	Other (please list):

**Miscellaneous:**

Conference room (seats 16)	Auditorium (seats 80)	Other:
Laptop	Projector	