



UNIVERSITY OF NEBRASKA  
MEDICAL CENTER

**iEXCEL<sup>SM</sup>**

986160 Nebraska Medical Center, Omaha, Nebraska 68198-6160

<b>Anatomical Material Request</b>	Date of request: <input type="text"/>
	Date material needed: <input type="text"/>
	Time material needed: <input type="text"/>
	Bill to (Name and/or Unit): <input type="text"/>
	<b><u>Internal Requests</u></b>
	Unit Cost Center: <input type="text"/> GL Acct: <input type="text"/>
<b><u>External Requests</u></b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	

Person requesting: <input type="text"/>	Position: <input type="text"/>
Telephone: <input type="text"/>	Email: <input type="text"/>
Institute/Company Affiliation: <input type="text"/>	
Purpose of request: <input type="checkbox"/> Education (student, resident, professional) <input type="checkbox"/> Research <input type="checkbox"/> Procedural Training	
Type/Region of anatomical tissue requested: <input type="text"/>	
Number of anatomical tissues requested: <input type="text"/>	
Preparation: <input type="checkbox"/> Lightly embalmed <input type="checkbox"/> Non-embalmed	
Location of session: iEXCEL Department within the Davis Global Center on the UNMC Campus	

We hereby certify that the human anatomical material taken for this study will be used only for the educational or research purpose stated above at the location indicated on this form. The Anatomical Board reserves the right to inspect the facility where the tissue is located at any time. Although non-embalmed donors will be tested for HIV and Hepatitis B & C, all human tissue should be treated as potentially hazardous material. We therefore also acknowledge that everyone involved in this study is aware of the potential hazards of working with human tissue and has received all necessary training for its safe handling. We agree that the identification tags must remain attached to the body or body part at all times. The anatomical material will be returned on for final disposition by the Nebraska Anatomical Board.

Signature of person requesting materials: \_\_\_\_\_

iEXCEL Manager, Advanced Clinical Simulation signature: \_\_\_\_\_

List of individuals involved in this study:

[illegible]

**To be completed by iEXCEL Representative**

Donor Number:

Organization from which anatomical material received:

**Tissue Usage Documentation**

Tissue TAKEN for usage: Date:

Time:

By (iEXCEL Representative):

Tissue RETURNED from usage: Date:

Time:

By (iEXCEL Representative):

**Tissue Final Disposition Documentation**

Plan for final disposition:

Date of final disposition:

Time:

Name of individual picking up tissue:

Signature of individual picking up tissue:

iEXCEL Representative:

Signature of iEXCEL Representative: