OV C CADAVER REQUEST FORM

Please return this form to ovcsas.clin@uoguelph.ca or Rm 2142 ANCC Bldg 49, AACF Office (Linda Wing), Department of Clinical Studies.

Investigator/Instructor/Club: ______________________ Department: ______________________

Phone # and ext.: ______________________ Email: ____________________________

Title and Number of Course or Title of Investigation: __________________________

<table>
<thead>
<tr>
<th>Part Required (ie. forelimb)</th>
<th>Species Requested (ie. Canine)</th>
<th>Date requested for use</th>
<th>Number Requested (ie. 5 forelimbs)</th>
<th>Preferred Sex</th>
<th>Preferred size (ie. Wt, S, M, L)</th>
<th>Location of Use</th>
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Special Instructions:
____________________________________________________________________________________

Billing Code (if appropriate) __________________________

Approvals

_____________________________ ________________________________
Signature of Faculty Member Approved by Chair or Designate

_____________________________ ________________________________
Date Date

Scan to caf@uoguelph.ca (or Fax: 519.837.2341)  Date submitted to Cadaver Program
cc ovcsas.clin@uoguelph.ca, sharitac@uoguelph.ca, gillana@uoguelph.ca, ajoy@uoguelph.ca
rev Nov17