



University of Florida  
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**ANATOMICAL BOARD OF THE  
STATE OF FLORIDA**

**Request for Anatomical Specimen(s)\***

Miami Office:  
University of Miami  
Miller School of Medicine  
Office of Medical Education  
P.O. Box 016960 (R-160)  
Miami, FL 33101  
Telephone: 305-243-6691

Orlando Office:  
University of Central Florida  
College of Medicine  
Health Sciences Campus-Lake Nona  
6850 Lake Nona Blvd.  
Orlando, FL 32827-7408  
Telephone: 407-266-1142

Requesting University/Organization: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Number/Program Title: \_\_\_\_\_  
Purpose for Use: \_\_\_\_\_

Location of Use: \_\_\_\_\_  
Location of Storage: \_\_\_\_\_

Type of specimen(s) requested: \_\_\_\_\_  
Number of specimen(s) requested: \_\_\_\_\_

Date requested to be received: \_\_\_\_\_  
Date specimen(s) to be returned to the Anatomical Board: \_\_\_\_\_

**Individuals Responsible for Requesting/Receipt of Specimen(s):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Individuals Responsible for Storing/Maintaining Specimen(s):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Department Chair Granting Approval for Receipt of Specimen(s):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Approval by Local Member of the Anatomical Board (if appropriate): \_\_\_\_\_

The specimen(s) must be utilized in the specific storage space and teaching/research rooms (indicated above) approved for such use by the Anatomical Board. It is the responsibility of the University/Organization to notify the Anatomical Board and request permission, if they wish to use anatomical specimens in any location which has not been inspected and approved.

Individual Responsible: \_\_\_\_\_



Specimen(s) may not be moved, relocated or loaned without written authorization from the Executive Director of the Anatomical Board. The Anatomical Board reserves the right to conduct unannounced inspections to insure that anatomical materials are being properly stored and used. Failure of the University/Organization to adhere to these standards will result in the anatomical material being confiscated and returned to the Anatomical Board.

All anatomical specimens provided by the Anatomical Board of the State of Florida are to be returned to the Anatomical Board for storage/cremation. Any organ/body part removed must be retained and returned with the body for cremation. The only exception to the above is fat/fascia, which is typically removed as part of the dissection process.

If specimens from the Anatomical Board of the State of Florida are not returned by the due date (agreed upon when specimens were requested B see above), a member of the staff of the office of the Executive Director shall contact the borrower via mail, e-mail or telephone and the specimens must be returned within 24 hours. If the borrower wishes to extend the time of use of the specimens, a request should be made prior to the due date. Extensions may be granted, if the use is deemed appropriate and the request is compliant with other agreements and policies on the use of the specimens.

No tissue/organ may be retained without written authorization from the Executive Director of the Anatomical Board. If the University/Organization wishes to retain specific anatomical specimens a written request must be made providing specific identification of the specimen(s) desired and their proposed use. If approved, the specimen(s) would be identified with a coded tag provided by the Anatomical Board. During the time the specimen(s) are being retained, they will be tracked by the Anatomical Board and the University/Organization will be responsible for their security and eventual return to the Anatomical Board.

Only the faculty/staff and students/participants registered in the course/program as indicated above are authorized to have access to or view the anatomical specimen(s). No other individuals may be given access to the specimen(s) without written authorization from the Executive Director of the Anatomical Board.

I have read and understand the above conditions:

\_\_\_\_\_

Recipient (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Person Maintaining/  
Storing Specimen(s) (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Department Chair (Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\* Universities/Organizations must be inspected and approved prior to receiving anatomical specimen(s) from the Anatomical Board of the State of Florida