

SPECIMEN REQUEST FORM

All info is **Mandatory**. If it does not apply please fill in N/A or -- . Do not leave blanks. Forms not filled out completely and correctly could delay order processing and specimen arrival.

If you have any questions, please call 503-764-9919 or email Orders@medcure.org

COMPANY INFORMATION:				
Requested By: <small>(This must be the person who signs on page 3)</small>	Company:			
Phone:	Email:			
Date of Request:	Type of Facility:			
Ship Date:	Date to Arrive:			
Date of Proposed Use:	Duration of Proposed Use:			
Estimate needed for this Request? Yes No				
PROCEDURE SUMMARY: <i>(Specimens shall be authorized for the procedure outlined below, exclusively.)</i>				
<i>Please provide details on <u>all</u> intended surgical practices and techniques.</i>				

SPECIMEN TYPE:	Quantity	Dry Ice <small>(International)</small>	Gel Packs	
_____	---	---	---	
_____	---	---	---	
_____	---	---	---	
_____	---	---	---	
SPECIMEN STATE:				
Frozen	*Semi-Thawed	*Thawed	Fixed	
SPECIMEN SPECIFICATIONS AND INSTRUCTIONS: <i>(Age, gender, BMI, surgeries, rule-outs, specific cut, etc.)</i>				

SPECIMEN IMAGING: <i>(Additional charges apply)</i>				
Type	Pre-Course Imaging?	Due Date	Post-Course Imaging?	Due Date
X-Ray:	_____	_____	_____	_____
CT Scan:	_____	_____	_____	_____
MRI:	_____	_____	_____	_____
Dexa Scan:	_____	_____	_____	_____
Notes (please attach imaging protocol):				



Exceptional Release Agreement

Please only complete this agreement if Exceptional Release tissue is acceptable

As part of MedCure’s protocol to ensure the safety of researchers / educators and handlers of these specimens, MedCure only supplies specimens from donors that have tested negative for infectious diseases. All specimens that are distributed by MedCure have been tested at CLIA certified labs using validated methods for cadaveric specimens to confirm that they do not contain evidence of infection with HIV, Hepatitis B, or Hepatitis C. MedCure engages in screening donor medical records for COVID-19 and Relevant Communicable Disease Agents and Diseases (RCDADs), as outlined by the AATB, to ensure there is no evidence of active infection that would put researchers / educators and handlers of specimens at risk. Screening covers, but may not be limited to Human Transmissible Spongiform Encephalopathy (TSE), Creutzfeldt-Jakob (Mad Cow) disease or any other prion disease, and tuberculosis.

When MedCure has identified that a donor does not meet normal screening and release criteria (that the donor is positive or suspected to have a condition) as listed above, then MedCure cannot distribute the tissue unless the tissue user requests the tissue for research and education and acknowledges knowingly that it was found to be positive or high risk for one or more of the RCDADs indicated. The intent of this form is to document the acknowledgment from researchers / educators that the requested tissue does not meet MedCure normal screening criteria.

This form may also be used to record instances when shipment of tissue occurs prior to MedCure obtaining all test and medical record results required under normal evaluation and release protocols; in these cases, MedCure will provide results once available.

Requestor Acknowledgment

I understand that by signing here I am requesting / accepting tissue with a higher potential risk of exposure to infectious diseases, that the tissue does not meet MedCure’s normal screening criteria, and that I am responsible for using universal precautions when handling tissue.

I will alert anyone encountering this tissue of the potential presence of infectious diseases so that they are aware of the risks and the need for universal precautions.

Circumstances of Exceptional Release Tissue Requestor is Agreeing to Receive *(please select all that apply)*:

High risk for COVID-19

High risk for HBV

High risk for HIV

High risk for HCV

Tissue pending Infectious Disease Testing Results *(Once available, Medcure will provide results)*

Notes *(if applicable)*:

Requestor Name *(Per Specimen Request Form)*

Requestor Signature

Date

SHIPPING INFORMATION:

Facility Name: _____

Address: _____

Receiving Hours: _____ Specific Delivery Time (extra fee applies): _____

Loading Dock/Receiving: **Yes** **No** Inside Delivery: **Yes** **No**

Contact Name: _____ Contact Phone: _____

Secondary Contact Name: _____ Secondary Contact Phone: _____
(Must be a separate contact, two individuals are required)

Special Shipping Instructions (Call prior to delivery, specific entrance, etc.): _____

Specimen Security and Facility Appropriateness: By signing/entering your name below you are agreeing to MedCure's standards of specimen security and venue appropriateness. These must include: a designated space; lockable doors with restricted access; working sinks with adequate drainage through the space; OSHA-approved eye wash stations; non-porous surfaces; a facility in accordance with federal, state and local laws and regulations; designated lockable refrigeration devices for storage (*if applicable*); appropriate signage alerting persons of any biological or chemical hazards and restrictions on taking photographs, videos, or other images; and (*if specimen is prepared with formalin or other noxious chemical*) ventilation with direct exhaust to the exterior.

BILLING INFORMATION:

Address: _____

Purchase Order Number (*if required*): _____

Billing Contact: _____ Billing Phone: _____ Billing Email: _____

If you would like to pay by credit card, please request a Credit Card Authorization Form**SPECIMEN DISPOSAL:**Are Specimens to be returned to MedCure for proper Disposal? **Yes** **No** **Tentative****If Yes**, then you will receive a return kit which **MUST** be used by following the included instructions.

- Improper returns could lead to fines from MedCure, fines from the FAA, and loss of return privileges.
- Returns **MUST** be next day priority shipments to MedCure.

MedCure should schedule the pick-up for (Date): _____ (Time): _____

(Please give a 4+ hour window. More specific times would result in additional charges)

Specimen Return Contact (*person physically packing the return*): _____

Phone: _____ Contact Email: _____

If No, (*specimens are not to be returned to MedCure*) you **MUST** provide Disposal Company information on the next page.

SPECIMEN REQUEST FORM

SPECIMEN DISPOSAL (Continued):

Specimens consisting entirely, or in part, of a human head and/or torso **MUST** be cremated as Human Remains by an appropriately licensed crematory, and **NOT** as medical, pathological, or bio-hazardous waste (*unless otherwise approved by local law*).
All specimens shall be disposed of in accordance with federal, state, and local laws and regulations.

Disposal Company: _____

(The company where the specimens will be cremated/incinerated, not the delivery location)

Disposal Company Contact Name: _____

Phone or Email: _____

(The person at the disposal company who could provide specific details about the how and when of cremation/incineration)

Address of Disposal Company: _____

Describe How Specimens will be Transported to Disposal: _____

Documentation of final disposition, along with a complete accounting of specimen used, shall be supplied to MedCure upon request. You must be able to provide documentation from the disposal company regarding date of pickup for disposition, including Donor Numbers.

By signing/entering your name below you are acknowledging that you have been approved to receive and have authority to order anatomical specimens from MedCure, Inc.

By signing/entering your name below you also agree:

- To abide by the MedCure, Inc. Application & Agreement for Anatomical Specimens for Research & Education.
- No Transfer of specimen will occur without prior written MedCure Authorization.
- To always treat the donated specimens in a dignified and respectful manner.
- Specimens are provided for the described use **ONLY**; there is **no** transfer of ownership to the end user.
- To consult appropriate federal, state, and local authorities concerning the safe handling and disposal of human specimens.
- Human anatomical specimens will only be used and handled by trained and technically qualified individuals.
- That special care and strict adherence to all governmental regulations and safe laboratory practices shall be maintained when using human specimens.
- That security measures shall be in place for maintaining the custody of anatomical specimens before, during, and after use, **especially** during events with potential public exposure.
- The anatomical specimens shall **NOT** be used for transplantation.
- To pre-arrange all specimen returns with MedCure personnel.
- To properly package all returns in accordance with MedCure Specimen Return Instructions.
- To pay all fees associated with this request. Including but not limited to applicable shipping, procuring, and special preparation.
- To pay all cancellation fees associated with this request. Cancellation fees start at \$450, if cancelled less than 1 week prior to ship date.

Signature (Requested by)

Name (Requested by)

Date

Disclaimer: MedCure makes no written or expressed guarantee of viability of specimens. Any specimen variance that prevents intended use, any shipment or packaging deviations, and any end user exposure must be reported to MedCure immediately upon event discovery. MedCure maintains no liability for any loss, injury, damage, or penalties associated with the specimen(s) provided.

Orders may be emailed to Orders@medcure.org or faxed to 503-542-2249

If you do not receive a confirmatory email within 24 hours of order (Mon – Fri), please call 503-764-9919 to confirm order receipt.