

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](mailto:Orders@medcure.org)

## COMPANY INFORMATION

Requested By: \_\_\_\_\_ Company: \_\_\_\_\_  
(This must be the person who signs on final page)

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

Please provide details on all intended surgical practices and techniques. Specimens shall be authorized for only the procedure(s) communicated to, and approved by, MedCure.

\_\_\_\_\_

\_\_\_\_\_

SPECIMEN TYPE	Quantity	Dry Ice <small>(International)</small>	Gel Packs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## SPECIMEN STATE

Frozen                      Semi-Thawed                      Thawed                      Fixed

## SPECIMEN SPECIFICATIONS AND INSTRUCTIONS (Age, gender, BMI, surgeries, rule-outs, specific cut, etc.)

\_\_\_\_\_

\_\_\_\_\_

## SPECIMEN IMAGING (Additional charges apply)

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 below I am requesting and accepting tissue with a higher potential risk of exposure to infectious diseases and that the tissue does not meet MedCure’s normal screening criteria.

I am also agreeing to the following:

- 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.
- I am responsible for ensuring tissue handlers are observing universal precautions.
- The facility in which Exceptional Release tissue will be utilized has OSHA-approved eyewash station(s) immediately available, and the area of processing has independent ventilation with direct exhaust to the exterior with a fan that achieves at least 12 air exchanges per hour.

**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):

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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.):* \_\_\_\_\_

## 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**

### Returning Specimen to MedCure:

*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: \_\_\_\_\_

### Coordinating Final Disposition of Specimen:

*Specimens consisting entirely, or a significant part, of a human head and/or torso MUST be cremated as Human Remains by a 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 applicable federal, state, and local laws and regulations.*

Disposal Company Name & Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disposal Company Contact Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Transportation Method to Disposal: \_\_\_\_\_

## TERMS AND CONDITIONS

**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.

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., **and** you agree to:

- Abide by the MedCure, Inc. Application & Agreement for Anatomical Specimens for Research & Education.
- Abide by MedCure's Specimen Security and Facility Appropriateness, which requires at a minimum that the receiving venue includes:
  - A designated space with restricted private access whereby security measures must be taken to prevent the public (non-participants) from viewing or accessing the area. These measures may be in the form of personnel and/or physical barriers;
  - Access to working handwash sinks and immediately available eyewash stations;
  - Means of appropriate management and removal of any fluids, especially those that may contain blood or other potentially infectious materials, as required by local, state, or federal rules and regulation;
  - Surfaces (e.g., walls, floors, doors, counters, tables, and cabinetry) that can be easily disinfected and cleaned;
    - Where surfaces are not originally built of the proper materials, coverings that are impervious and disposable must be used throughout the duration of specimen use and the disposed of by appropriate means upon completion;
  - Facility abides by any applicable state or federal rules and regulations, which may include, but are not limited to, those regarding bloodborne pathogens and other potentially infectious materials exposure control, respiratory protection, and chemical safety;
  - Designated and lockable areas for storage of specimen, and means to preserve specimen during storage, when holding specimens overnight;
  - Appropriate signage for alerting persons of biological or chemical hazards, safety related procedures and policies, and any restrictions on taking photo/video.
- 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.
- When Returning specimens to MedCure:
  - Pre-arrange all specimen returns with MedCure personnel, and properly package all returns in accordance with MedCure Specimen Return Instructions.
    - 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.
- When Coordinating Final Disposition of MedCure specimens:
  - Upon request by MedCure, documentation of final disposition, including pick-up date, Donor numbers, and a complete accounting of specimen used, shall be supplied.
  - All specimens shall be disposed of in accordance with applicable federal, state, and local laws and regulations.
    - Specimens consisting entirely, or a significant part, of a human head and/or torso **MUST** be cremated as Human Remains by a licensed crematory and **NOT** as medical, pathological, or bio-hazardous waste, unless otherwise approved by local law.
- **No transfer of specimen** will occur without prior written MedCure Authorization.
- Abide by MedCure's Photography and Video Policy.
- Treat specimens in a dignified and respectful manner.
- Specimens will be used for the approved use **ONLY**. If additional procedures/activities are planned, contact MedCure for approval.
- Specimens will only be used and handled by trained and technically qualified individuals.
- There is **no** transfer of specimen ownership to the end user.
- Strict adherence to applicable federal, state, local authorities, governmental regulations, and safe laboratory practices concerning the safe use, handling, and disposal of specimens.
- Specimens shall **NOT** be used for transplantation.
- Pay all fees associated with this request. Including but not limited to applicable shipping, procuring, and special preparation.
- Pay all cancellation fees associated with this request. Cancellation fees start at \$450, if cancelled less than 1 month prior to ship date.

Signature of Approval (Requested by)

Print Name (Requested by)

Date

Orders may be emailed to [Orders@medcure.org](mailto: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.

## Specimen Photography Policy

In order to respect and protect our Donors and their loved ones, photography & videography of MedCure tissue is strictly prohibited without prior MedCure authorization. This form, once signed and returned to MedCure, acts as authorization to take images of our specimen.

This authorization to obtain images does not act as an approval of images.

No person other than the individual who has signed this form will be permitted to take any photographic or video images. Please make sure that all parties who will be obtaining images on behalf of your organization have signed a copy of this form, and that those sign offs have been provided to MedCure. This means that if a professional photographer or videographer is hired, they must complete this form.

### MedCure's Photography Policy:

- Images must be approved by MedCure or destroyed.
- Only photographs meeting MedCure's standards will be returned.
- MedCure reserves the right to refuse any images it deems to be inappropriate.
- Images must be used internally, for education, information, or training purposes only.
- Absolutely no "selfies" with specimens will be tolerated.
- Cell phones cannot be used for imaging. There are no exceptions.
- Images may not be altered in any way other than to fit a format required for presentation.
- For any external or online use, images must be **additionally** approved by MedCure, along with their final content and in their final state, prior to any availability or distribution. This includes, but is not limited to:
  - Scientific Articles,
  - Publications,
  - Social Media
  - Websites

### Images must abide by the following requirements:

- Anatomical specimens are draped in a manner that prevents unnecessary exposure.
- Only the immediate field of interest or use is visible.
- Images do not include any identifying factors of the anatomical specimen, such as:
  - Visible Donor ID number;
  - Facial features;
  - Tattoos;
  - Any other feature that would allow the identity of the donor to be known or determined.

Does your organization plan on utilizing images for any external use?

YES

NO

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Signature

Print Name

Date

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Company

Title/Role