

MEDCURE SURGICAL TRAINING CENTER REQUEST FORM

Photography & Videography of MedCure tissue is prohibited without prior authorization from MedCure personnel.

All lines are Mandatory. If a line does not apply please fill in N/A or “—”. Please do not leave blanks.

Forms not filled out completely and correctly could delay Course Manager scheduling.

COMPANY INFORMATION:

Requestor – Contact Name *(must be individual signing page 6)*: _____ Todays Date: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile: _____ Fax: _____

Email: _____

BILLING INFORMATION:

Billing Contact Name: _____ Billing Phone: _____

Billing Address: _____

Purchase Order Number (if applicable): _____

Billing Email: _____

MEDCURE SURGICAL TRAINING FACILITY:

Available Locations:	Henderson, NV	Portland, OR
Available Spaces:	Auditorium	Conference Room
	Projection Screen	N/A
	Dining Area	Dining Area
	Microphones for Lab Interaction	N/A

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COURSE INFORMATION:

(When available, please include a copy of your course brochure or agenda)

Name of Course: _____

Setup Date: _____ Setup Time: _____ **Subject to Availability**

Day 1 Date: _____ Day 1 Start Time: _____ Day 1 End Time: _____

Day 2 Date: _____ Day 2 Start Time: _____ Day 2 End Time: _____

Additional Dates/Times: _____

of Participants Per Day: _____ # of Stations Per Day: _____ *One station = 1 specimen table, 1 table drape, 1 surgical light*

Specimen security and facility appropriateness: By signing/entering your name below you are agreeing to and affirming compliance with MedCure’s standards of specimen security and venue appropriateness. This venues meets the following minimum parameters: a designated space; designated and appropriate areas for storage of specimen; restricted private access; working sinks with adequate drainage through the space; OSHA-approved eye wash stations; easily cleaned and disinfected surfaces; a facility in accordance with federal, state and local laws and regulations; 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.

SPECIMEN INFORMATION:

Specimen Type: _____ Qty/Day: _____

Specimen Type: _____ Qty/Day: _____

Specimen Type: _____ Qty/Day: _____

Specimen Type: _____ Qty/Day: _____

Positioning: _____

Specimen Specifications: _____

Procedure Summary: _____

I have provided a copy of the course agenda. Yes No



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

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CATERING:

(Additional Charges Apply)

Meal	Quantity	Setup Time	Meal Time	Hot	Cold
Breakfast:					
Lunch:					
Dinner:					
Snacks:					
Beverages:	Yes	No			

Notes: _____

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): _____

EQUIPMENT & SUPPLIES:

(Additional Charges Apply)

Type	Number	Type	Number
C-Arm (Full Size):		C-Arm (Mini):	
Small Power Sets:		Large Power Sets:	
Dosimeters:		Lead Protection:	
DeMayo Holder:		Specimen Holder – Extremity:	
Specimen Holder – Neck Rest:		Specimen Holder – Foot/Ankle:	

Blades / Special Attachments / Notes: _____

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INSTRUMENTATION REQUEST:

***We can provide instrumentation not on this list. Please indicate type and quantity. We will contact you regarding pricing. ***

Instrumentation		Quantity/Station	Size and Specifications
Blades	Scalpel Handle: #3 or #3L		
	Blade: 10, 11, 15		
	Needle Drivers		
Scissors	Mayo Scissors: Curved or Straight		
	Metzenbaum: Curved or Straight		
Elevators	Chandler Elevator		
	Cobb Elevator		
	Freer Elevator		
Clamps	Foerster Sponge Clamps		
	Kelly Hemostatic Clamp- Curved		
	Kocher Clamp		
Forceps	Rochester-Ochsner Forceps		
	Rochester-Pean Forceps		
	Schmidt Forceps		
	Mixter Forceps		
	Tissue Forceps (Rat-Tooth)		
	Debakey Forceps		
	Dressing Forceps		
	Adson Pickups		
Retractors	Army Navy Retractor		
	Deaver Retractor		
	Hohmann Large Bone Retractor		
	Hohmann Small Bone Retractor		
	Gelpi Retractor		
	Richardson Retractor		
	Tissue Rake		
	Senn Retractor		
	Ribbon Retractor		
Misc.	Mallets		
	Curette		
	Osteotome: Curved or Straight		
	Rongeur		
	Bone Hooks		
	Speculum		
	Additional (please list/describe instrumentation):		

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PHOTOGRAPHY POLICY:

In order to respect and protect our Donors and their loved ones, we do not allow the use of cellular photography in any of our courses, without exception. This applies to courses held on MedCure property and those held in alternate locations, including, but not limited to hotels, conference centers and university settings. (There is a separate policy regarding hired photographers and videographers.)

We understand there are instances in which photographs are necessary. In such instances, MedCure will provide a camera. This is the only device on which images of our specimens may be taken. The respectful treatment of our specimens is of the utmost importance to MedCure. These images will only be permitted if their intended use is for informational, training or educational purposes. If photography is needed, the following conditions must be observed:

- Anatomical specimens must be draped in a manner that prevents unnecessary exposure during imaging.
- Only the immediate field of interest or use may be viable during any imaging.
- Images may not include any identifying factors of the anatomical specimen. (Including but not limited to: any tag with donor ID number, facial features, tattoos, or any other feature that would allow the identity of the donor to be known or determined.)
- Images may not be uploaded to, or made available on, any website (corporate or otherwise) or file sharing site (Dropbox etc.) without express written permission of MedCure. This form does not constitute written permission for such. Approved images may never be uploaded to social media sites (LinkedIn, Facebook, Instagram, Twitter, etc.)
- Images may not be altered in any way other than to fit a format required for presentation.
- Absolutely no “selfies” with specimens will be tolerated.
- A MedCure representative must be present for all imaging.

Once all desired images have been captured, the content will be reviewed by the MedCure quality and compliance department. Only photographs meeting MedCure’s standards will be returned. MedCure reserves the right to refuse any images it deems to be inappropriate. No person other than the individual who has signed a photography consent form will be permitted to take any images without a separate consent that has been pre-approved by MedCure.

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TERMS AND CONDITIONS:

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

By signing you also agree:

- To Abide by the MedCure 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.
- That special care and strict adherence to any and all governmental regulations and safe laboratory practices shall be maintained while using human anatomical specimens.
- That the human anatomical specimens shall only be used and handled by trained and technically qualified individuals.
- That security measures shall be in place for maintaining the custody of human anatomical specimens before, during and after use, **especially** during events with potential public exposure.
- The human anatomical specimens shall **NOT** be used for transplantation or any other therapeutic use.
- To pre-arrange all specimen returns with MedCure personnel.
- To properly package all returns in accordance with MedCure Specimen Return Instructions.
- That no images will be taken of the human anatomical specimens without strict adherence to the MedCure Photography and Videography Policy and prior authorization of MedCure personnel.
- You will not “poach,” i.e. solicit, hire or otherwise engage any of MedCure’s assigned course managers outside the scope of this engagement, or otherwise encourage or assist MedCure’s course managers to terminate or alter their employment with MedCure.
- To pay all fees associated with this request. Including but not limited to applicable shipping, procuring, special preparation.
- To pay all cancellation fees associated with this request. Cancellation fees start at \$450, if cancelled less than 1 month prior to ship date.

Name (Requested By)

Signature (Requested By)

Date

Request forms may be emailed to MSTCTeam@medcure.org or faxed to 503-542-2249

If you need any assistance or have any questions, please call 503-764-9919.