

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

Date of Request: _____ Requested By: _____

(This must be the person who signs on final page)

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: _____

COURSE LOCATION/SHIPPING ADDRESS

Facility Name: _____

Facility Address: _____

Delivery Date: _____ Receiving Hours: _____

Specific Delivery Time (extra **fee** applies): _____

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

Name for **Onsite** Contact During Course: _____

Phone for **Onsite** contact: _____ Email: _____

Name for **Facility** Contact: _____ Contact Phone: _____

Secondary Contact Name: _____ Secondary Contact Phone: _____

COURSE INFORMATION

Please include a copy of your course brochure or agenda, if applicable.

Name of Course: _____

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

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

Day 3 Date: _____ Day 3 Start Time: _____ Day 3 End Time: _____

Day 4 Date: _____ Day 4 Start Time: _____ Day 4 End Time: _____

Additional Dates/Times/Notes: _____

Participants Per Day: _____

Stations Per Day (One station = 1 specimen table, 1 table drape, 1 surgical light): _____

Instrument Tables Per Day: _____

Number of Course Managers: _____ Course Manager Arrival Date: _____ Time to Arrive: _____

SPECIMEN REQUEST

Specimen Type	Quantity per Day
---------------	------------------

Specimen Positioning: _____

Specimen Specifications: _____

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.

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 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):

Requestor Name (Per Specimen Request Form)

Requestor Signature

Date

SPECIMEN RETURN:

Unless otherwise arranged, specimens will be returned to MedCure for proper disposal.

Specimen Return Date: _____ Return Time (After 3 PM, Noon to 4, etc): _____

Is the Return Date tentative? Yes No

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

Phone: _____ Email: _____

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:	
PPE & Gloves:		Scrubs:	

Blades / Special Attachments / Notes: _____

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		
	Mixer 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):		

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 Photo and Video Policy.
- 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.
- 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 \$485, if cancelled less than 1 month prior to ship date.

Signature of Approval (Requested by)

Print Name (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.

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

Signature _____ Print Name _____ Date _____

Company _____ Title/Role _____