



**Anatomy Laboratory**  
University of Central Florida  
College of Medicine  
Lake Nona FL 32826-3246

UNIVERSITY OF CENTRAL FLORIDA

This form is to be used by individuals or groups to request use of the UCF College of Medicine Anatomy Laboratory facilities and human anatomical materials for the purpose of education or research.

**Individual or Group Information**

Name: \_\_\_\_\_

Date(s) requested (if unsure, leave blank): \_\_\_\_\_

Length of activity (hours/days): \_\_\_\_\_ Number of Participants: \_\_\_\_\_

**Proposed Activity**

Briefly describe the activity, including the objectives of the activity, the amount and type of material needed (whole cadavers, specific organs, models, etc.)

Requestor's name: \_\_\_\_\_ Email: \_\_\_\_\_

Requestor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use ONLY**

Approval signature, Director of Anatomy: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM TO** [jennifer.mark@ucf.edu](mailto:jennifer.mark@ucf.edu) or [jeffrey.plochocki@ucf.edu](mailto:jeffrey.plochocki@ucf.edu)