

Please **DO NOT** submit a photograph copy of this form. Requestor must submit a scanned copy that is clear and legible. If document is unclear, **the request will be delayed or rejected.**

This form is to be used for requesting the use of the George Washington University Gross Anatomy Laboratory (GAL) facilities and human anatomical materials for the purposes of education and research. This form must be completed by the individual responsible for the course/program. Students are not allowed to request GAL space. The requestor must submit this form at smhs.gwu.edu/gal 6 weeks prior to the requested date for scheduling and procurement purposes.

All participants are required to sign the GW waiver and the Lab Safety Rules forms. Failure to sign both these forms will prevent access to the GAL.

REQUESTOR'S INFORMATION

Title/Name: _____ Office Number: _____
 Email Address: _____ Cell Number: _____
 Institution/Dept.: _____ Course/Prog. Title: _____
 Address: _____

COURSE INFORMATION

Date(s) Requested: _____ Time: _____ days per wk for _____ hours
 Number of Participants: _____ AV/Projector Requested: _____

MATERIALS REQUESTED *(Check region and specify quantities below.)*

- Whole Preserved Cadavers** How many: _____ Number of Females: _____ Number of Males: _____
- Lower Torso (Umbilicus to Feet)** How many: _____ Number of Females: _____ Number of Males: _____
- Upper Torso (Diaphragm to Head)** How many: _____ **Head and Neck ONLY** How many: _____
- Loose organs:** _____ How many: _____
- Will Provide My Own** *(Please schedule delivery with GAL Manager).* Specify how many cadavers, gender and type of specimen (i.e. torso, whole cadavers.) Requestor must provide the GAL staff with the ear tag/ID number for all specimens.

FIT TEST REQUEST

Number of Participants: _____ *(Requirement for participants with medical conditions, e.g., pregnancy.)*

ADDITIONAL INFORMATION

Will you bring any equipment to the GAL? If so, please specify what type of equipment: _____

For those programs/courses utilizing the GAL facilities for more than a month, all participants MUST complete the GW Gross Anatomy Laboratory Safety training: [GW Gross Anatomy Laboratory Safety](https://labsafety.gwu.edu). Completion will be verified before access is granted to the GAL. For more information please contact the Office of Laboratory Safety OLS: <https://labsafety.gwu.edu>

Requestor's Signature: _____ Date: _____

For Official Use ONLY

Approval Signature by Chair/Designee of the AOC: _____ Date: _____

Approval Signature by GAL Manager: _____ Date: _____