

## Body Donation Program

4500 2<sup>nd</sup> Ave, Suite 5502, Sacramento, CA 95817

Phone: 916-734-9560

Email: [bodydonation@health.ucdavis.edu](mailto:bodydonation@health.ucdavis.edu)**ANATOMICAL MATERIAL EXTENSION REQUEST**

Request # \_\_\_\_\_ Date of Original Request \_\_\_\_\_

Extension Request Dates from: \_\_\_\_\_ to: \_\_\_\_\_

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Please list specimens requested for extension. Attach additional pages if needed.

Specimen ID's: \_\_\_\_\_

\_\_\_\_\_

Reason for Extension: \_\_\_\_\_

\_\_\_\_\_

Location of Specimens: \_\_\_\_\_

Date of last site visit: \_\_\_\_\_ Lab Biosafety Level (BSL): \_\_\_\_\_

The signatures below confirm our understanding of current UC anatomical materials policies and requirements. Any question regarding these materials will be directed to the program office at (916) 734-9560.

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Requester Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Requester's Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Financial Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Recharge or PO number if applicable: \_\_\_\_\_

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For internal use only:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ If Approved, New Return Date: \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_