



Request for Receipt or Transfer of Anatomical Specimens

Instructions for Completion

To receive, handle, or use decedent donors, please complete the Authorization Application. Payment must be submitted along with your application for approval. Payment can be sent via overnight delivery for expedited handling.

Required Documents

- **Request Form for Receipt or Transfer of Donor Cadaver(s) Anatomical Specimen(s):** Complete and sign the form.
- **Sworn Affidavit:** Prepare and sign the affidavit.
- **Licensing Information:** If your facility is required to be licensed, authorized, or registered by the Texas Funeral Service Commission (TFSC), include relevant details.
- **Fee Payment Confirmation:** Ensure that all applicable fees have been paid to the TFSC.

Multiple Use Information

If the requested donor body or anatomical specimen will be used for more than one course, clinical training, lab, or research project:

- Provide necessary details for each event.
- Include information for each location (building/room) where the decedent donor body or anatomical specimen will be transferred, handled, or used.

Submission

Please email a completed copy of the application and any supporting documentation to:

Email: anatomical@tfsc.texas.gov



**REQUEST FORM FOR RECEIPT OR TRANSFER
OF DONOR CADAVER(S)/ANATOMICAL SPECIMEN(S)**

(PLEASE TYPE OR PRINT)

DATE CADAVER/SPECIMEN NEEDED BY: _____

DATE OF COURSE/LAB/TRAINING/EVENT: _____

ENTITY NAME: _____

CONTACT PERSON: _____ **TITLE:** _____

PHONE NUMBER: _____ **EMAIL:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

IF DIFFERENT THAN ABOVE, ADDRESS OF LOCATION IN WHICH THE CADAVER/ANATOMICAL SPECIMEN WILL BE USED: _____

HAS THE ROOM OR BUILDING IN WHICH THE CADAVER/SPECIMEN WILL BE USED BEEN INSPECTED BY THE TEXAS STATE ANATOMICAL BOARD OR THE TEXAS FUNERAL SERVICE COMMISSION? IF SO, WHEN? _____

PERSON RESPONSIBLE FOR TRACKING/OVERSEEING THE DONOR'S BODY OR ANATOMICAL SPECIMEN (if different from the contact provided above):

DATE CADAVER/SPECIMEN WILL BE RETURNED (IF APPLICABLE): _____

METHOD OF DISPOSITION OF CADAVER/SPECIMEN AFTER EVENT(S): _____



Willed Body Program (WBP) Information

WILLED BODY PROGRAM (WBP) PROVIDING SPECIMEN: _____

POINT OF CONTACT AT WBP: _____

WBP PHONE NUMBER/EMAIL: _____

Specific cadaver(s)/anatomical specimen(s) needed (i.e. embalmed, lightly embalmed, unembalmed, whole body or body part needed, number needed, sex/age requirements, cause of death). *Additional pages may be added.**

Type of Specimen Needed	Number requested	Condition of Specimen	Donor Identification Number
Total:			

Include any special instructions.

Detailed Description of Proposed Use of Cadaver(s)/Anatomical Specimen(s):
 ***Additional pages may be provided

Course/Lab/ Training Title:	
Attendees of the Course/Training i.e., graduate medical students enrolled in an anatomy course	
Hands-on or Demo Course	



Name/s of Supervising Educator, Professor, or Physician providing the lab	
Research Project (if applicable)	

Donor Use. Describe the medical or forensic science purpose(s) in which the donor cadaver(s) or anatomical specimen(s) will be used in clear and plain language. If multiple courses/labs/trainings, please identify the course/lab/training and the respective use. Additional pages may be attached.

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CHAIN OF CUSTODY

List all individuals/entities, including third parties, expected to have custody or possession of the decedent donor body/anatomical specimen. The usual and customary practice in the air and ground transportation industry may apply to indicate the person with custody or possession of the decedent donor for transportation purposes. If any licenses, certificates, or authorizations are required, provide a copy that each individual's/entity's is active and in good standing. Additional pages may be provided.

Name	Phone No./Email	Job Position/Title	Employer

Describe the procedures or policies in place to ensure the decedent donor is treated with dignity and respect during use.



STORAGE AND SECURITY OF DONOR CADAVERS AND SPECIMENS. If any section does not apply, please insert "N/A" as the response.

Storage Location (Room and Building) *:

Location used for dissection (Room and Building) *:

Describe the method of storage used for decedent donors while in the custody or possession of the Applicant facility: _

If cold storage is used, what temperature is maintained?

If fluid storage is used, what is the composition of the fluid?

Are concentrations of formaldehyde, phenol, or other hazardous chemicals in the air within the facility measured? If Yes, What steps are being taken to meet local, state, and federal safety standards?

Describe the security measures taken to prevent the public/unauthorized persons from viewing decedent donor bodies or anatomical specimens during preparation, transport, storage, use, or disposition:



STORAGE AND SECURITY OF DONOR CADAVERS AND SPECIMEN (CONT'D)

Describe the facility's security measures to prevent unlawful cell phone use, as well as photography or video of the decedent donors

Are the facilities that will house the donor cadaver or specimen used for any other purposes? If so, please describe.:

TRANSPORTATION OF DECEDENT DONOR TO AND FROM IN-STATE FACILITY.

**The Commission Representative may submit this section if responsible for transportation.*

Describe the method of transportation used for decedent donors to be delivered to the Facility. Describe the method of transportation used to return the decedent to the Commission Representative, including the name and contact information of any companies or persons used for the transport.



Acknowledgment

The undersigned, _____ (print name), hereby states under oath that the information contained in this Application is true and correct to the best of their knowledge.

By signing below, the undersigned affirms that they have the authority to sign this application on behalf of the entity they represent and that all necessary approvals have been obtained.

Receiving Entity Name

Signature

Name (Printed)

Title

Date