

Request for Disposition of Anatomic Specimens Form

Office for Oversight of Anatomic Specimens (OOAS)

www.ooas.pitt.edu

Administrator Contact:

Name: _____

E-mail: _____ Telephone #: _____

Department/Division: _____ PI/Course Director Name: _____

Account/Cost Center #: _____

Signature: _____ Date: _____

Lab Contact:

Name: _____ Lab Location: _____ Date: _____

E-mail: _____ Telephone #: _____ Signature: _____

	Tissue Supplier Name	Specimen Type	Right / Left	Donor ID Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Disposition of Specimen(s):

Facility: On-site crematory University of Pittsburgh School of Medicine, First Floor, Scaife Hall, 3550 Terrance Street, Pittsburgh, PA 15261

Disposition Overseen by: Jim Maksin, LEFD

Signature: _____ Signature: _____ Date: _____

Fee for cremation: \$ _____

Rev. 8.28.2019 Official Use Only:

Rev. 1.26.2020

Rev. 8.15.2023 Invoice#: _____ Date sent to Admin: ____/____/____ Check# or IDC#: _____

Completed: ____/____/____