

FCMR-UWZ

SUBJECT: WRAIR Policy #27, Submission and Review Requirements for WRAIR Human Cadaver Use

**APPENDIX A: Request for Use of Human Cadavers/Cadaveric Samples for Medical Research/Education/Training**

FCMR-XXX-XX

Date

MEMORANDUM THRU Director, Human Subjects Protection Branch, Walter Reed Army Institute of Research (WRAIR), 503 Robert Grant Ave., Silver Spring, MD 20910

Director, Science Education and Fellowship Programs, Walter Reed Army Institute of Research (WRAIR), 503 Robert Grant Ave., Silver Spring, MD 20910

FOR Director, Headquarters, U.S. Army Medical Research and Development Command, Office of Human and Animal Research Oversight, 504 Scott St, Fort Detrick, MD 21702 (ATTN:Ms. Carson Cancel)

SUBJECT: Request for Use of Human Cadavers/Cadaveric Samples for Medical Research/Education/Training

**Title of Project:**

**1. Name of Requestor/Principal Investigator:**

Include: Department, Organization, Telephone/Cell#, Email Address:

**2. Purpose of Request:**

Background/Significance:

Objective/Hypothesis:

**3. No. of Cadavers/Cadaveric Samples:**

**Duration of Use:**

**Cadaver Delivery Date:**

**Proposed Procedure/Training Lab Date:**

**Cadaver Disposition Date:**

**4. Military Relevance: (And, Medical Relevance, if Training/Education):**

**5. Source of Cadavers:** (Specify from where the cadavers/specimens will be obtained)

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**6. Study Design/Methods:**

**7. References/Bibliography**

**8. Describe Method of Transportation** (This can be described in the provided SOPs or explicitly detailed in this section. This is also the case for following sections: storage, security and disposition methods. Note: please provide copies of all the SOPs referenced in this or other sections)

**9. Describe Storage**

**10. Describe Security**

**11. Describe Disposition**

**12. Point of Contact:**

Signature Block of PI

Signature Block of Branch/Directorate Director