## APPENDIX G: INFORMATION FORM

Protocol Title, Version and Date:

I have read and understand the protocol referenced above and will comply with the provisions of the protocol and the WRAIR Policy \#27, Submission and Review Requirements for WRAIR Human Cadaver Use. I understand that the research to be performed involves the use of human cadavers and that the following conditions of this research apply to my individual participation:

1. I have been informed of the planned activities that will involve the use of human cadavers and have let my supervisor know of any concerns or objections I have based on this information.
2. I understand that the cadavers that I may come in contact with as part of this research have been tested for at least HIV and Hepatitis B and potentially other communicable diseases, and I have been informed of results of any cadavers/specimens testing positive.
3. Mental health care will be made available in the event that I wish to seek it; seeking care will bring neither prejudice nor reprisal.
4. I am personally committed to the respectful use of human cadavers, consistent with the donor's intent and operational SOP(s), without deviation.
5. I shall report all problems as they relate to the respectful use of human cadavers. Problems may include but are not limited to the procurement, inventory, use, storage, transfer, transportation, and disposition of cadavers.

I certify that I understand my rights and will comply with donor's intent, this protocol, and the WRAIR Command Policy Memorandum Use of Human Cadavers for Research, Development, Test and Evaluation, Education, or Training.

Signature

Print Name

