

****LETTER MUST BE COMPLETED ON ORGANIZATIONAL LETTERHEAD****

****RETURN ORIGINAL TO:

UF Orthopaedics
ATTN: Chris Koenig
PO Box 112727
Gainesville, FL 32611
352/318-0524 voice
koenicj@ortho.ufl.edu

****DATE****

SPECIMEN REQUEST LETTER

- One letter per project/course -

1. Time period (date needed by; how long project will be active):
2. Researcher names:
3. Purpose of research study or training:
4. How specimens will be used/examined:
5. Anatomy requested (be specific, noting exclusion criteria, etc.):
6. Total number of specimens:
7. Complete billing information, including federal ID number:
8. Location where specimen will be disposed: Stericycle, Inc. – Lakeland, FL, per arrangement with University of Florida Department of Orthopaedics and Rehabilitation
9. Delivery location where study/course will be conducted:
UF Orthopaedics Surgical Skills Lab
3450 Hull Road, Room #4301
ATTN: Chris Koenig – 352/318-0524
Gainesville, FL 32607

Required Signature – Researcher Actively in Charge of Study/Course and Responsible for Charges:

Name Printed

Signature