

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

University of Kentucky
Dept. of Orthopaedic Surgery & Sports Medicine

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****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 teaching:
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:
UK Dept. of Orthopaedic Surgery & Sports Medicine
9. Delivery location where study/course will be conducted:
**UK Dept. of Orthopaedic Surgery & Sports Medicine Surgical Skills Lab
Research Building #3, 700 South Limestone Street 40536-0216**

Required Signature: (Researcher Actively in charge of Study/Course and Responsible for Charges):

(PRINT NAME)

(SIGNATURE)

(DATE)