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)