



# Orthopaedic Learning Centre

The Chinese University of Hong Kong



## Application for Special Services on Surgical Anatomical Dissection

### Program Information:

Workshop title:			
Workshop date(s): (dd/mm/yy)			
Organizer(s):			
Co-organizer(s):			
Expected no. of participants:		Registration fees:	

\* Please attach with workshop program (preliminary or final).

### Cadaver Information:

No. and anatomical regions:	Body region	Quantity
<i>(please provide exact details and packing dimension (if any) if cadaver preparation is needed at OLC)</i>		
Cadaver Preparation at OLC (if needed): <i>(Cadavers have to be disposed by the Organizer within 2 days after completion of the workshop)</i>	Date of delivery to OLC (dd/mm/yy)	Date of disposal (dd/mm/yy)
Source of cadavers:**		
No. of planned dissection stations:		

\*\* Must be certified to be free of certain infectious diseases. (See guidelines)

### Consumables Information:

List of protective clothing to be provided by OLC: *(e.g. gowns/aprons, gloves and surgical masks)*  
*(Related costs will be charged to the organizer, quantities will be estimated according to no. of participants)*

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.



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**Surgical Dissection Instrument Information:**

Surgical instruments are to be prepared by:       Organizer                       OLC\*\*\*

\*\*\* Please attach list of instruments

**Program Coordinator:**

Name (Dr. / Mr. / Ms.): \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)

Position / Organization: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

Tel no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Coordinator Responsible for the Arrangement of Surgical Anatomical Dissection:**

Name (Dr. / Mr. / Ms.): \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)

Position / Organization: \_\_\_\_\_

Tel no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Special Remarks: \_\_\_\_\_

*\* Apart from the cost of consumables and cadaveric disposal (if any), 5% of the participants' registration fee or a minimum of the service fee quoted on the Facilities for Rent/Rental Form will be charged to the organizer for the special services on Surgical Anatomical Dissection.*

*Organizer, the undersigned, hereby understands and accepts the terms as stated here and on the guidelines for anatomical dissection workshops at OLC (a copy of the guidelines is obtainable from [www.olic-org.cuhk](http://www.olic-org.cuhk) or OLC staff).*

	Applied by	Confirmed by	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
	Program Coordinator	Chairman, Chief Organizer	Director, Orthopaedic Learning Centre
Signature:			
Name (in print):			Prof. LEUNG Kwok-sui
Title:			Date:
Date:			<i>(any change of the application details will subject to re-approval)</i>