



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.



Orthopaedic Learning Centre

The Chinese University of Hong Kong



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 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>