PLATINUM TRAINING

Program Request

702-856-2610
eFax 702-856-2690

Company Name: **~103~**
Program Location: ~182~
Date Requested: ~15~

Account #: ~358~
Reservation #: ~3~

Logistics Contact Person/Title:
Click here to enter text.Click here to enter text.
Office Phone:Click here to enter text.
Cell Phone:Click here to enter text.
Email:Click here to enter text.

Clinical Contact Person/Title:
Click here to enter text.Click here to enter text.
Office Phone:Click here to enter text.
Cell Phone:Click here to enter text.
Email: Click here to enter text.

Time Requested:Choose an item.toChoose an item.

Set-Up Time Needed:Choose an item.

Set up time is available between 8am-4pm one day prior to program start date

Invoice Attn To:Click here to enter text. Email Address: Click here to enter text.
Billing Address: Click here to enter text.

City: Click here to enter text. State: Choose an item. Zip: Click here to enter text.

Submit Invoice by:Choose an item.

ProgramTitle:Click here to enter text.

Program Objective:Click here to enter text.

Stations Needed:Choose an item. # Display Tables Needed: Choose an item.

Attending # Surgeons #Staff #Sales Reps #Engineers #Other

C-Arms Needed? Choose an item.

A/V Needs: Lecture☐ Dining☐ Lab☐ Record☐ Broadcast☐

Tools Needed: Power ☐ Micro Power ☐ Suction ☐ ESU (Bovie)☐

Special Instruments/Equipment/Supplies: Click here to enter text.

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Catering:

Breakfast ☐ Lunch ☐

Snacks ☐ Dinner ☐

Breakfast may begin no earlier than 7:00am

Transportation:

Shuttle From Hotel to Facility ☐
Shuttle From Facility to Hotel ☐
Shuttle From Facility to Airport ☐

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Type of Specimen(s) Requested (Please Indicate Number Requested)

#Torso to Mid Femur w/ Cephalus: Choose an item. Eviscerated? Choose an item.

#Torso to Mid Femur no Cephalus: Choose an item. Eviscerated? Choose an item.

#Torso to Toetip: Choose an item.

#Shoulder: Choose an item.

Shoulder to Fingertip: Choose an item.

#Pelvis to Toetip: Choose an item.

#Mid-Femur to Toetip: Choose an item.

#Mid-Tibia to Toetip: Choose an item.

#Knee: Choose an item.

Specimen Criteria

Weight Range (lbs): Click here to enter text. or No Preference ☐

Age Range: Click here to enter text. or No Preference ☐

Gender: Choose an item. or No Preference ☐

☐CT Scan ☐X ray **Protocol for imaging must accompany Request**

Please list any additional specimen criteria or contraindications:

Click here to enter text.

Disease Screening

Standard Serology testing for HIV-1, HIV-2, Hepatitis B, and Hepatitis Cis performed with all cadaveric specimens. These negative test results will be provided upon request and should never be considered conclusive.

Consent

Legal consent for education and/or research from the donor or next-of-kin, in accordance with the Uniform Anatomical Gift Act (UAGA) and all other applicable state and federal laws and regulations, is obtained prior to recovery and distribution. No identifying donor information will be provided.