Education Grant Request

Hands-on Course/Lab Information Form

Event Information

Organization Name	
Event Title	Event Date(s)

Type of Hands-on Course/Lab

Please indicate which of the following hands-on training(s) or lab(s) are included for your program and complete the corresponding section(s) below.

○ LIVE ANIMAL LAB ○ SIMULATION, INANIMATE LAB ○ HUMAN CADAVER LAB

Live Animal Lab Required Information

Lab Site	
☐ Yes ☐ No	**Conventional Setting:** Settings where animal laboratories are routinely performed. These settings include universities/colleges, contract labs and teaching hospitals.
If you answered "**NO**" to the above: Please be advised that the company no longer provides education grant support for live animal labs in non-conventional settings.	If you answered "**YES**" to the above: The following documentation must be submitted for review to determine support of live animal labs in conventional settings.
○ I have included	Documentation of IACUC approval of lab protocol. This documentation should include the institution name, protocol title and number, date of approval, and expiration date.
○ I have included	Copy of our USDA registration.
○ I have included	Acknowledgement of AAALAC, international status. (Please note this certification is preferred but not required.)

Simulation, Inanimate Lab Required Information

Lab Site	
☐ Yes ☐ No	**Conventional Setting:** Settings where simulation labs are routinely performed. These settings include universities/colleges, contract labs and teaching hospitals.
☐ Yes ☐ No	**Non-conventional Setting:** Settings where simulation laboratories are not routinely performed. These settings include hotels, convention centers, and mobile units.
If you answered "**YES**" to **Non-conventional Setting** above, the grant requestor agrees that it is in compliance with the following parameters in order to determine support of simulation training in non-conventional settings. (Contractors are also responsible for assuring compliance with any relevant state or local regulations.)	
○ Agree	An authorized party at the non-conventional location has granted permission to run a simulation or inanimate lab at that location.
○ Agree	Access to the lab area will be controlled so that only individuals who are registered for the lab or who have been otherwise approved by the instructor will be allowed access.
○ Agree	If tissue is used it will be fit for human consumption and/or sourced from a supplier that is USDA registered. Tissue from condemned animals is prohibited.
○ Agree	The lab area will be cleaned after the training is completed and all waste including tissue, sharps and product will be safely disposed of.

Human Cadaver Lab Required Information

Lab Site

The grant requestor agrees that it is in compliance with the following parameters specific to the specimens in order to determine support of cadaver training:

Prior to delivery to facility, specimens will be tested for the following at a CLIA-Licensed laboratory pursuant to current FDA-approved cadaveric specimen testing as described at the FDA Web site http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/ TissueSafety/ucm095440.htm.

Please be advised that if you do not comply with the following serology requirements, the Company cannot provide in-kind support.

○ Agree	Human immunodeficiency virus (HIV) types 1 and 2
○ Agree	Hepatitis B surface antigen (HbsAg)
○ Agree	HBV
○ Agree	Hepatitis C virus (anti-HCV)
○ Agree	Only specimens with results of the initial and subsequent confirmatory tests that are negative will be used
○ Agree	Specimen donors will not be known to be infected at the time of death with any highly-communicable or contagious disease

☐ Yes ☐ No	**Conventional Setting:** Settings where cadaver laboratories are routinely performed. These settings include universities/colleges, contract labs and teaching hospitals.
☐ Yes ☐ No	**Non-conventional Setting:** Settings where cadaver laboratories are not routinely performed. These settings include hotels, convention centers, and mobile units.

If you answered "**YES**" to **Non-conventional Setting** above, the grant requestor agrees that it is in compliance with the following parameters in order to determine support of cadaver training in non-conventional settings. (Contractors are also responsible for assuring compliance with any relevant state or local regulations.)

○ Agree	An authorized party at the non-conventional location has granted permission to run a cadaver lab at that location.
○ Agree	Access to the lab area will be controlled so that only individuals who are registered for the lab or who have been otherwise approved by the instructor will be allowed access. The doors to the lab area will remain locked at all times.
○ Agree	The lab area is separate from public areas and cadaver entry/removal in and out of building is discreet.
○ Agree	The lab area will be cleaned after the training is completed and all waste including tissue, sharps and product will be safely disposed of.
○ Agree	Lawful and informed written consent has been obtained from the donors or individuals having authority under applicable state law to consent to the donation. All personal and medical information relating to the anatomic specimens and their donors shall remain confidential except as necessary to ensure the safety of individuals that come in contact with the specimens.
○ Agree	(i) Documented processes are in place regarding the sourcing, transportation, handling, use, and disposition of anatomic specimens which are in compliance with all applicable laws and regulations, and (ii) all necessary permits, licenses and approvals required under such laws and regulations have been obtained and maintained.
○ Agree	All personnel handling the anatomic specimens are trained and will comply with all applicable standards for protection from blood-borne pathogens.
○ Agree	The disposition of all anatomic specimens complies with all applicable laws and is in accordance with the informed consent given by the donor and/or the donor's legally authorized representative.
○ Agree	All anatomic specimens will be treated with dignity and respect.

By completing and submitting this form as part of a grant application, the requestor certifies its compliance with all parameters applicable to the hands-on course(s) or lab(s) which are included in the grant request.

Product Request

(Only complete this page if you are seeking product/in-kind support)

Event Contact Information

Course Coordinator (Name and Title)	Email
Phone	Cell

Event Shipping Information (Delivery and Pickup)

Ship-to Location		
Shipping Address	Attention/Contact	
City	State	ZIP
Phone	Operating Hours of Receiving Site	
Special Instructions	Delivery Limitations (ex. small packages, liftgate required, etc.)	

Lab Exercise Information

Number of Stations to be supported by DePuy Synthes product		Number of Participants		Number of Rotations (if any)	
Breakout of Attendees					
Faculty	MD	RN	PA	Tech Support/Other	Industry Reps
Type of Lab/Course ☐ Sawbones ☐ Cadaver		Anatomy of Specimen(s)			
Station assignments (if any) and procedures to be supported by DePuy Synthes product					
Do you require Power Equipment (drills, sawblades, etc.)? ○ Yes ○ No		Do you require general surgical/access instruments? ○ Yes ○ No			
Detailed Product/Equipment Requests					

○ Yes ○ No	Request assistance with set-up and break down of DePuy Synthes' equipment and products.
○ Yes ○ No	Request assistance during lab for education on the safe and effective use of DePuy Synthes' products.
○ Yes ○ No	Please indicate whether the course faculty can safely and effectively operate Depuy Synthes' equipment and products if onsite assistance is not available during the lab.

Please note that DePuy Synthes personnel must ensure product receipt and return, regardless of whether assistance is requested.