

Please **DO NOT** submit a photograph copy of this form. Requestor must submit a scanned copy that is clear and legible. If document is unclear, **the request will be delayed or rejected.**

REQUEST TO WORK FORM

This document is intended for those requesting to photograph or film human anatomical materials for the purposes of education/training, research study, and publication. All requests must receive approval to begin work from the Anatomy Oversight Committee (AOC). Please note that your request may take up to 6 weeks to be approved.

SECTION 1: GENERAL INFORMATION

Title/ Principal Investigator: _____ Office Phone Number: _____

Email Address: _____ Cell Number: _____

Institution/Dept.: _____

Project Title: _____

Address: _____

Start Date: _____ End Date: _____

SECTION 2: DETAILED PROJECT DESCRIPTION (200 words or less)

- Poster Teaching/Presentation Research Publication

Use this space to provide detail description of project.

SECTION 3: USE OF PHOTOGRAPHY/VIDEOGRAPHY

Provide a brief description of how the **images/footage** will be used or shared. Include a security plan to prevent unauthorized dissemination.

It is prohibited to take images or footage with personal electronic devices. You **must** use University approved devices only.

SECTION 4: COLLABORATORS

In the space provided, please list all collaborators in the project along with their titles, institutional affiliation and updated contact information (work/cellular number and email). If more space is needed, please fill out the **Project Collaboration Form** and submit it along with this application. If all collaborators are from the same institution, note the name of the institution once and list the names, titles and contact information of each collaborator thereafter. Please note that changes to the collaboration form (changes in information, addition/removal of collaborators etc.) can be made and submitted at any time.

Failure to provide the required information for each collaborator may result in delay of your request to work application.

Attention: Students must be supervised at all times by either the PI or a senior designated individual working on the project.

SECTION 5: ANATOMICAL MATERIALS REQUESTED

- o **Whole Preserved Cadavers** How many: _____ Number of Females: _____ Number of Males: _____
- o **Lower Torso (Umbilicus to Feet)** How many: _____ Number of Females: _____ Number of Males: _____
- o **Upper Torso (Diaphragm to Head)** How many: _____ o **Head and Neck ONLY** How many: _____
- o **Isolated organs:** _____ How many: _____
(Please provide organ type)
- o **Bones**

SECTION 6: ACKNOWLEDGMENT

The anonymity of the donor **MUST** be maintained at **ALL** times. It is the responsibility of the principal investigator to ensure that any images or recordings captured will retain the anonymity of the donor. Ear tags, identifiable body marks such as tattoos, scars and birthmarks are strictly prohibited from being photographed or filmed. Areas that are not being photographed or filmed **MUST** be appropriately draped at **ALL** times, especially the face and genital region.

All participants must read and sign the Anatomy Laboratory Safety Rules and Waiver and Assumption of Risk forms. For work that will continue for more than a month, all participants are required to complete the GW Gross Anatomy Laboratory training: [GW Gross Anatomy Laboratory Safety](https://labsafety.gwu.edu). Completion will be verified before access is granted to the Gross Anatomy Laboratory. For more information, please contact the Office of Laboratory Safety OLS: <https://labsafety.gwu.edu>.

Once work has been approved, you will be given a GW project identification number. This GW ID should be placed on the left or right lower corner of all images and should be referenced for all film projects in either the title or credit slides.

If work is not completed within the requested time, the PI may submit a **Work Extension** form. Approval for the work extension is granted solely by the Gross Anatomy Laboratory Manager.

Major safety and comportment violations will result in immediate dismissal and cancellation of work. Lesser repeated offenses may result in suspension or probation. Please refer to the George Washington Gross Anatomy Laboratory Disciplinary Policy.

I, *(please print legibly)* _____ have read, understood, and agree with the above safety, comportment and security rules established by the George Washington Gross Anatomy Laboratory and I agree to abide by them.

I understand that if myself or any participants in the project are found in violation of any or part of these rules and regulations specified under the George Washington Gross Anatomy Laboratory Disciplinary Policy, I and all participants involved may be immediately dismissed, suspended, or placed on probation.

Principal Investigator Signature: _____ Date: _____

For Official Use ONLY

Approval Signature by Chair/Designee of the Anatomy Oversight Committee: _____ Date: _____

Approval Signature by Gross Anatomy Laboratory Manager: _____ Date: _____