

# LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001105646

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
05/17/2019	1 - 05/17/2019	1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1019150 LAGALAD HANEYB	04CYPH115 SME	

**Supplier:** 0000005633  
U C DAVIS  
HEALTH SYSTEM - SHERMAN BLDG  
2315 STOCKTON BLVD STE 2300  
SACRAMENTO CA 95817

**Fax:** (916) 734-3520

**email:**

**Ship To:** FOLSOM LAKE COLLEGE  
RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM CA 95630-6798  
United States

**Bill To:** 1919 Spanos Court  
Sacramento CA 95825-3981  
United States

**Tax Exempt?** N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	INTACT EMBALMED CADAVER	1.00 EA	2,650.00	2,650.00	05/14/2019
2- 1	TRANSPORT TO AND FROM UCD/FLC	2.00 EA	110.00	220.00	05/14/2019

EMAIL PO TO: ardavis@ucdavis.edu  
Phone: 916.734-9560  
Fax: 916-734-9563

SEE ATTACHED -  
UC DAVIS SCHOOL OF MEDICINE BODY DONATION PROGRAM -  
ANATOMICAL MATERIALS REQUEST APPLICATION

Sub Total Amount	2,870.00
Sales Tax Amount	222.43
Total PO Amount	3,092.43

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	4300	12	FL.VI.BIOL	04000	00000	700P	3,092.43	2019

0001019150CHAVEZA03-MAY-2019

Verification of this purchase order can be made using the Los Rios Community College District web site listed below.  
If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

**Authorized Signature**

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

# Requisition

**Supplier:** U C DAVIS 0000005633  
HEALTH SYSTEM - SHERMAN BLDG  
2315 STOCKTON BLVD STE 2300  
SACRAMENTO CA 95817  
United States

**email:**

**Fax:** (916) 734-3520

**Ship To:** RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM CA 95630-6798

<b>Business Unit:</b>		<b>GENFD</b>	<b>OPEN</b>
Req ID:	Date	Page	
0001019150	04/29/2019	1	
Requisition Name:			
2019 UC DAVIS Cadaver			
Requester		Bldg#	
David Lagala		SME	
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: SANTOROL 29-APR-2019			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	INTACT EMBALMED CADAVER	1	EA	2,650.00	2,650.00	05/14/2019
2-1	TRANSPORT TO AND FROM UCD/FLC	2	EA	110.00	220.00	05/14/2019

2,870.00 Sub-total  
222.43 Est. tax

Total Requisition Amount: 3,092.43

UC Davis School of Medicine Body Donation Program application attached

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	4300	12	FL.VI.BIOL	04000	00000	700P	2,870.00

## Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of \_\_\_\_\_

For grants/special projects \_\_\_\_\_

Name : \_\_\_\_\_

Approval Signature

Approval Signature

Approval Signature



**ANATOMICAL MATERIALS REQUEST APPLICATION**

**Requestor: (must be physician, faculty, or professional scientist)**

Name: DAVID LAGALA Title: Professor

Organization: Folsom LAKE COLLEGE

Address: 10 College Parkway

City: Folsom State: CA Zip: 95630

Telephone: 530-642-5638 Fax: \_\_\_\_\_

Email: lagalad@flc.losrios.edu

**Requestors' Supervisor or Chair: (must have supervisory duties of requestor)**

Name: Greg McCormac Title: Dean

Organization: FLC

Address: Same

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: 916 608-6615 Fax: \_\_\_\_\_

Email: Mccormag@flc.losrios.edu

**Financial Contact: (must be individual responsible for organization's financial obligations)**

Name: Greg McCormac Title: Dean

Organization: Folsom Lake College

Address: \_\_\_\_\_

City: Folsom State: CA Zip: 95630

Telephone: 916 - 608-6700 Fax: \_\_\_\_\_

Email: mccormg@FLC.lasrios.edu

**\*An inter-departmental recharge number or hard copy purchase order, as applicable, is required prior to the allocation of anatomical materials.\*** Recharge or PO number: \_\_\_\_\_

Federal funding sources must be specified by name: Folsom LAKE COLLEGE General Fund

Accredited CME courses must list accrediting entity: N/A

Name of vendor providing financial support: N/A

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**UCDAVIS**  
SCHOOL OF MEDICINE

Telephone (916) 734-9560  
Fax (916) 734-9563

**ANATOMICAL MATERIALS REQUEST APPLICATION**

**Request Specifications: Please use the following two sections to fully describe your request. Significant detail is appreciated as it allows us to accurately address your request.**

Type of use: ☒ Education ☐ Research

Type of Anatomical Material(s): Whole Body

Number of Anatomical Material(s): 1

Type of Preparation: ☒ Embalmed ☐ Fresh-frozen ☐ Thawed ☐ Fresh, never frozen

**Special preparation request(s):**

Date of Use: June 2019 Duration of Use: 5 years

Requested Delivery Date (if different than day of use): June 1, 2019

Name of Facility:  

Folsom Lake College

Address: 

Same

State:

Zip:

Contact Name: 

Same

 Telephone:

Lab Biosafety Level: ☐ BSL-1 ☒ BSL-2 ☐ BSL-3 ☐ BSL-4 ☐ N/A

City: 

Folsom

Please use the remaining space to fully describe your course or study. Be sure to include any relevant specimen demographics (gender, age range, inclusion or exclusion of medical conditions). You may attach additional pages if necessary. If this is a surgical skills course lab please describe attendees and their affiliation(s).

Bio 439 - Cadaver Dissection  
Bio 430 & 431 Human A&P - Undergraduate Study  
Prefer female, male ok if age is younger. Prefer good muscle mass. No Medical Exclusions. Extremities intact.  
Prefer NO organ removal.



ANATOMICAL MATERIALS REQUEST APPLICATION

Photography, Video, Images

Image capture and use for any purpose must be fully described in this document, submitted with the Anatomical Material Request Application and approved in writing by the UC Anatomical Donation Program.

Photography, video or other images of anatomical material shall not be permitted for any purpose other than for strict instructional or research purposes for situations of a non-public nature. Social media postings are prohibited. Image use for marketing purposes and the capture of photographs or other images unrelated to the intended studies is expressly forbidden. End users are required to provide any images produced to the Program for documentation purposes. The Program requires that unique personal features that are captured in any image must be distorted to protect identification.

## ANATOMICAL MATERIALS REQUEST APPLICATION

### ANATOMICAL MATERIALS USE AGREEMENT-Continued



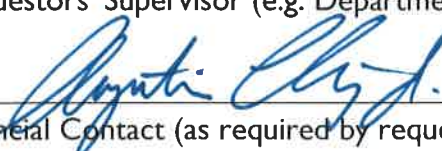
- 4) Anatomical materials shall not be used in any facility other than that indicated herein. Venues must be a laboratory, hospital, or dedicated educational facility. Anatomical material must be kept in a locked room or otherwise secured from intrusion or tampering when not in use. Under no circumstances shall anatomical material be taken from the laboratory or storage area, except as related to the purpose of acquisition and return.
- 5) Changes in personnel (faculty or staff) who have oversight responsibilities regarding the procurement, use, storage, and security of the allocated anatomical materials must be reported to the Program within 30 days.
- 6) Anatomical material is sent with an identification tracking number and device. This number and/or device must be affixed or attached to the specimen throughout its use and upon its return to the Program. All specimens in your care, regardless of their origin, must be clearly marked on the external packaging and be clearly identifiable.
- 7) Photography, video, or other images of anatomical material requires pre-approval and shall not be permitted for any purpose other than for strict instructional or research purposes for situations of a non-public nature. Social media postings are prohibited. Image use for marketing purposes and the capture of photographs or other images unrelated to the intended studies is expressly forbidden. End users are required to provide any images produced to the Program for our files. Furthermore, if any images are used in journals, textbooks, or other publications, the following acknowledgement, and another pre-approved statement, must be included: *"The authors wish to thank the individuals who donated their bodies and tissues for the advancement of education and research."*
- 8) The Program reserves the right to conduct a site visit prior to or at the time of delivery of anatomical materials. An additional inspection may be conducted on an annual basis or as often as deemed necessary by the Program. Failure to pass a site inspection may result in the immediate revocation of the loan of UC anatomical materials.
- 9) All anatomical materials, preserved or unpreserved, must be considered potentially infectious and are required by Cal/OSHA or other applicable health and safety regulations to be labeled and handled as such. Universal Precautions are to be observed in all handling of anatomical material. Users are responsible for keeping materials labeled appropriately and stored in compliance with all applicable laws and regulations. While materials are in your care you assume the responsibility for providing appropriate health and safety training and supervision of all applicable personnel.
- 10) UC Anatomical Materials Programs recommend and support full segregation of postmortem human and pre and/or postmortem animal tissues used for education and research in laboratory settings through the use of separate rooms, cabinets, cold storage, or other storage facilities. In the event that segregation is not practicable, other methodologies should be employed to result in quick recognition of the tissue type. Other methodologies may include separate inventories, shelving, color coding of containers and/or labels, and the use of different coding systems. Principle investigators should consult with campus EH&S departments to determine compliance with local, state, federal and university laws, rules and regulations.
- 11) Submission of the "Anatomical Materials Request Application" is no guarantee that anatomical material will be available or that the request will be granted. Requests are approved by a committee on a hierarchal basis as is set forth in the University of California Anatomical Materials Programs Standards and Guidelines. Availability, preparation, and storage of anatomical materials can be variable in nature. To help ensure your request is fulfilled with the best possible quality of materials in sufficient quantity, we request 90 days advance notice whenever possible. We require **cancellation** of requests to occur **prior to 5 business days** to the specified delivery date. Requestors who cancel after this will be subject to pay all material charges in full.
- 12) Anatomical materials shall be disposed of by the Program and will require your contacting us when your studies/research have been completed. Round-trip transportation fees will be charged in advance. Transportation arrangements are the

responsibility of the Program and will be scheduled during normal business hours. Any questions regarding use and disposition of specimens shall be directed to the program, which can be reached at (916) 734-9560.

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**ANATOMICAL MATERIALS REQUEST APPLICATION**

On behalf of the organization named herein, we accept full responsibility for the proper use, handling, and storage of all anatomical materials while under our care. By signing this document, we certify that we have read, understand, and agree to abide by the conditions provided in this application. We further agree that we will contact the Program with any questions.

 Requestor Signature	<u>March 6, 2019</u> Date
 Requestors' Supervisor (e.g. Department Chair)	<u>14-March 2019</u> Date
 Financial Contact (as required by requesting institution)	<u>4/25/19</u> Date

**FOR INTERNAL USE ONLY** Date Received: \_\_\_\_\_ Staff Member Taking Request: \_\_\_\_\_

**AMRA Request:**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

☐

☐ Conditional Approval, specify: \_\_\_\_\_

☐ Denied, specify: \_\_\_\_\_

An end user contract applies to user: ☐ Yes ☐ No      Expiration Date: \_\_\_\_\_

Reviewer Comments:

Images:

☐ Approved

☐ Conditional Approval, specify: \_\_\_\_\_

☐ Denied, specify: \_\_\_\_\_

Reviewer Comments:

Approved