



Institut für Evolutionäre Medizin, Winterthurerstrasse 190, CH-8057 Zürich

Research Access Request Form – Medical and Human Remains Collections IEM

→ Please send your request form to Prof. Dr. Dr. F. Rühli info@iem.uzh.ch

Contact Information

Title
Name
Institutional Affiliation
Address
Email
Phone

Reason for Request

Please identify IEM collections or objects to which you are requesting access.
For collections information, go to https://www.iem.uzh.ch/en/museum_collections.html
I would like access to

Contents of Visit

- Taking photographs
- Other (brief description)

Please explain how the requested material will be used (e.g. publication, exhibition etc.)

Preferred Date(s) for Research Visit

I hereby confirm to comply with all relevant legal regulations and to have all necessary ethics committee permissions for this project.

Date

Signature