



Department of Anatomy and Comparative Pathology
<http://www.um.es/anatvet/ingles/plastination-courses.php>

**XIth POSTGRADUATE COURSE
SHEET PLASTINATION
P-40 and E-12 Techniques**

December 15-16th, 2011
Veterinary Faculty, University of Murcia
Campus de Espinardo, 30100
Murcia, Spain

PRELIMINARY PROGRAM

Thursday 15th December

- 09:00 Welcome (Sala de Grados, Veterinary Faculty)
- 09:15 **Introduction to Plastination**. Main steps in the plastination techniques
- 09:45 P-40 & E-12 Techniques. Protocol and applications
- 10:15 Coffee
- 10:30 Practice session in the plastination lab
- 13:15 Lunch
- 14:30 P-40 & E-12 Techniques: **Fixation** and **dehydration**
- 15:30 Coffee
- 15:45 Practice session in the plastination lab
- 18:00 Questions and discussion

Friday 16th December

- 09:00 P-40 & E-12 Techniques: **Polymer impregnation**
- 10:00 Coffee
- 10:15 Practice session in the plastination lab
- 13:15 Lunch
- 14:30 P-40 & E-12 Techniques: **Polymerization and casting**
- 15:30 Coffee
- 15:45 Practice session in the plastination lab
- 17:30 Applications of plastinated specimens
- 18:00 Course Evaluation

ORGANIZATION:

UNIVERSITY OF MURCIA, Department of Anatomy and Comparative Pathology

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TEACHERS:

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D. Ricardo Sarriá Cabrera

D. Mariano Orenes Hernández

D. José Albarracín López

Dr. Francisco Gil Cano

Dr. Gregorio Ramírez Zarzosa

Dr. José María Vázquez Autón

Dr. Francisco Martínez. Gomaríz

Dr. Cayetano Sánchez Collado

D. Juan Ros Sempere

D. Daniel Rojo Ríos

REGISTRATION FEES:

Before November the 1st: 400€

After November the 1st: 500€

Course fees include material, coffee breaks, lunches at the Faculty and a dinner in down town

Bank account details for payment will be given after having received the registration form.

LIMITED AVAILABILITY, the course will be confirmed on a first come first serve basis.



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REGISTRATION FORM

*(Please print, fulfil in capital letters and send a copy of this form to:
Octavio López Albors, Veterinary Anatomy, University of Murcia, Spain,
Fax: 34-868 88 41 47 or E-mail: albors@um.es)*

FIRST NAME _____

LAST NAME _____

TITLE: _____ JOB TITLE: _____

COMPANY _____

DEPARTMENT _____

ADDRESS _____

ZIP CODE _____ CITY _____

STATE/PROVINCE _____ COUNTRY _____

PHONE _____ Fax _____ e-MAIL _____

PASSPORT NUMBER or ID (we need this to process your registration)

Signature:.....