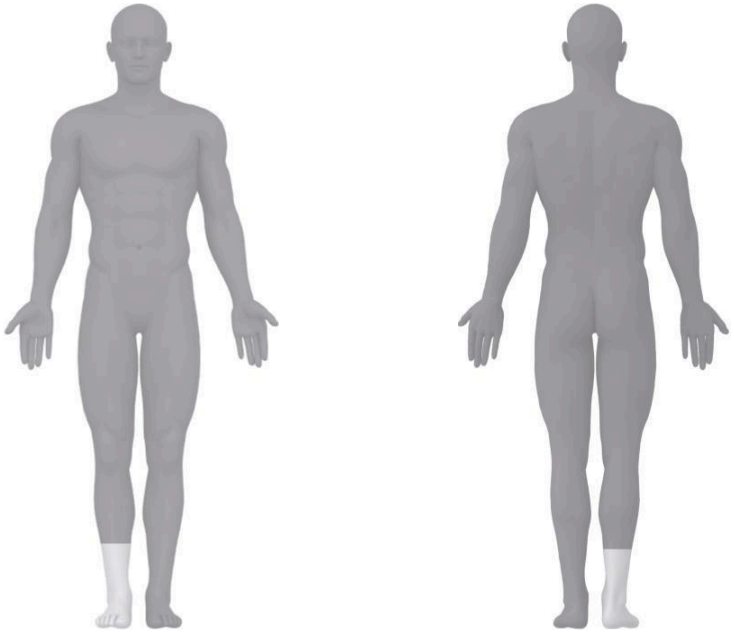
iMedical

iGENENERATION of iNNOVATION

AN ILLUSTRATED CATALOGUE OF SPECIMEN RECOVERY

Core Specimen Descriptions

Anatomical reference plates for cadaveric tissue recovery for research and education



ANTERIOR POSTERIOR

iMEDICAL
iGeneration of Innovation

2026 EDITION
21 reference plates

iMedical

Core Specimen Descriptions

An Illustrated Catalogue of Specimen Recovery

Reference plates describing the standard cadaveric tissue specimens prepared by iMedical for research and education, with the boundaries of recovery, the structures that remain intact and the closure applied to each specimen.

PUBLISHER	iMedical LLC — iGeneration of Innovation
ADDRESS	3505 Lake Lynda Drive, Suite 200, Orlando, FL 32817, USA
TEL / FAX	+1 407 866 9888 · Fax +1 407 550 8106
WEBSITE	www.i-medical.us
EDITION	2026 edition · Core specimen set
PLATES	21 specimen plates in 5 anatomical sections
ILLUSTRATIONS	Reproduced unaltered from the iMedical specimen specification set

The specifications in this catalogue describe typical recovery. Donor stature and anatomy vary; where a plate marks a dimension with an asterisk, a specific length cannot be guaranteed.

Introduction

Core Specimen Descriptions is iMedical's illustrated reference to the standard cadaveric tissue specimens prepared for research and education. Each plate documents, in a consistent visual language, the precise manner in which a specimen is recovered from a donor: where the tissue is transected or disarticulated, which structures remain intact, how each incision site is closed or wrapped, and which anatomical variables cannot be guaranteed.

The catalogue is organised anatomically. Section I covers the head and neck, Section II the upper extremity, Sections III and IV the torso in its intact and eviscerated preparations, and Section V the lower extremity. Within each section, plates are arranged so that closely related preparations can be compared side by side — for example the five intact torso variants, which differ only in whether the cephalus, shoulders or proximal femurs are retained.

Every plate follows the same structure. The upper figures show the whole body in anterior and posterior view with the recovered region highlighted, so that the specimen can be located at a glance. The lower figures show the isolated specimen, again in anterior and posterior view, annotated with the boundaries of recovery, the condition of joints and soft tissue, and the closure applied to each incision site. A summary strip beneath each plate restates these points under three headings: recovery boundary, specimen includes, and closure & notes.

PURPOSE STATEMENT

To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.

ABOUT THE ILLUSTRATIONS

The figures and their annotations are reproduced without alteration from the original iMedical specification set, so that this catalogue remains a faithful counterpart to the underlying recovery procedures. Only the surrounding page design has changed.

A NOTE ON VARIABILITY

Bone lengths depend on donor stature and other factors. Where a plate marks a dimension with an asterisk (*), a specific or minimum length cannot be guaranteed.

SECTIONS AT A GLANCE

I **Head & Neck** — 2 plates
Cephalus preparations, with and without the cervical spine.

II **Upper Extremity** — 3 plates
Shoulder, arm and forearm preparations.

III **Torso — Intact** — 5 plates
Torso preparations with thoracic and abdominal viscera present.

IV **Torso — Eviscerated** — 4 plates
Torso preparations with thoracic and abdominal viscera removed.

V **Lower Extremity** — 7 plates
Pelvis, leg, knee and foot preparations.

How to Read the Plates

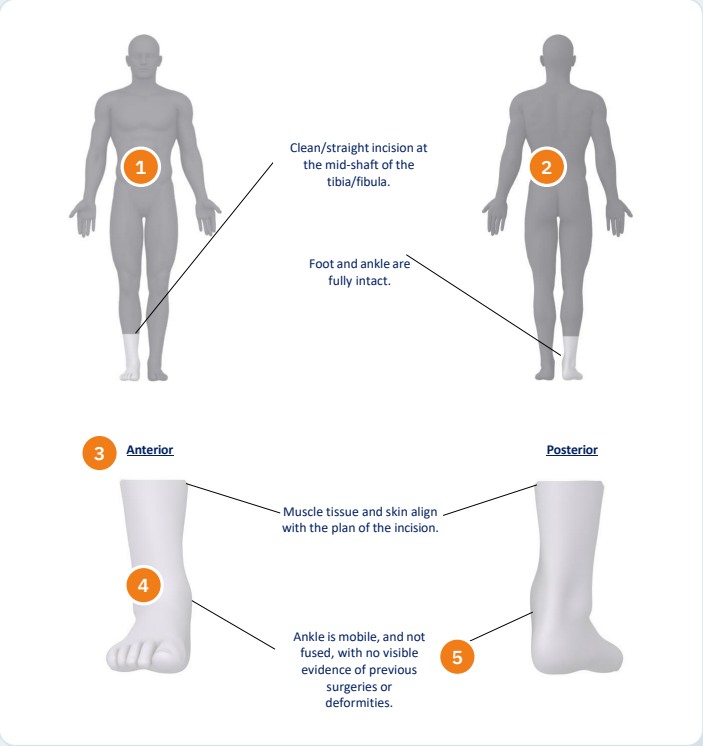


Plate layout — shown here on the Foot specimen (Plate 21), reduced.

1 Whole-body locator, anterior view

The donor body is shown in grey with the recovered specimen highlighted in white, so the region can be located at a glance.

2 Whole-body locator, posterior view

The same specimen seen from behind. Leader lines connect each annotation to the structure it describes.

3 View labels

Anterior and Posterior headings identify the orientation of the specimen figures beneath them.

4 Isolated specimen figures

The specimen as it is supplied, drawn in anterior and posterior view at a larger scale.

5 Annotations

Recovery boundaries, joint and soft-tissue condition, and the closure or wrapping applied to each incision site.

GLOSSARY OF TERMS

Anterior / Posterior
Viewed from the front / from the back.

Proximal / Distal
Nearer to / farther from the trunk.

Transection
A cut straight across bone and soft tissue, e.g. at the mid-shaft of the humerus or femur.

Disarticulation
Separation at a joint without cutting bone, e.g. the femoral head from the acetabulum.

Cephalus
The head, recovered with the neck to the level stated on the plate (C7 or T2).

Intact
A torso preparation in which the thoracic and abdominal viscera are present.

Eviscerated
A torso preparation from which the thoracic and abdominal viscera have been removed.

Denuded
Bone from which the covering soft tissue has been partly removed (e.g. the clavicle).

Coban
Self-adherent wrap applied over gauze at incision sites to prevent leaking.

Polysheet / absorbent sheet
Lining placed inside an eviscerated cavity to prevent leakage.

C7, T1–T3, L2–L3
Cervical, thoracic and lumbar vertebral levels used to define recovery boundaries.

Tibial plateau
The upper articular surface of the tibia at the knee.

Sacroiliac joint / Pubic symphysis
Posterior and anterior joints of the pelvic ring at which a hemipelvis is separated.

Acetabulum
The socket of the hip joint that receives the femoral head.

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BACK MATTER

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SECTION I

I

Head & Neck

Cephalus preparations, with and without the cervical spine.

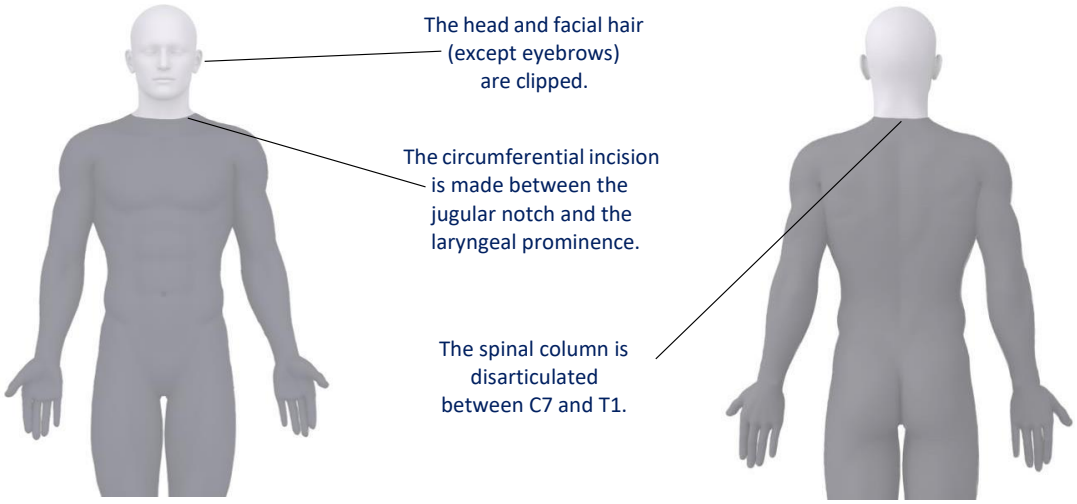
PLATES IN THIS SECTION

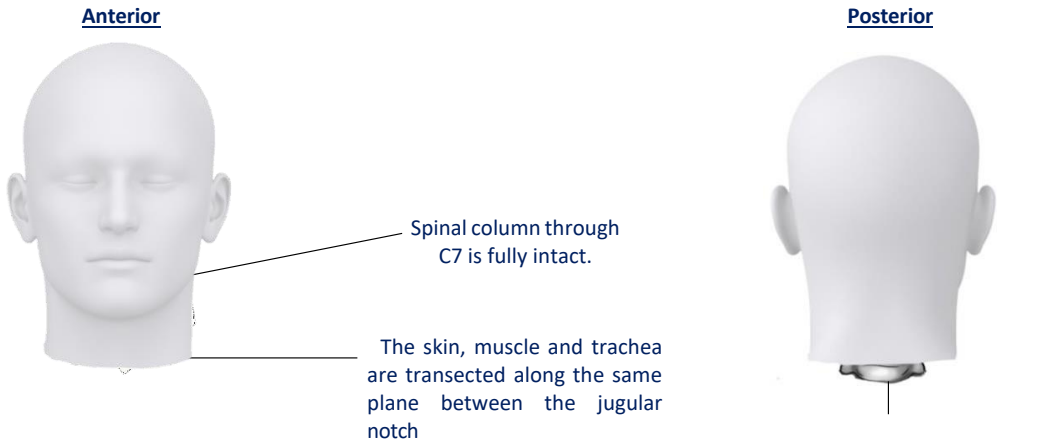
01 Cephalus 7

02 Cephalus w/ Cervical Spine 8

Cephalus

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Circumferential incision between the jugular notch and the laryngeal prominence; spinal column disarticulated between C7 and T1.

SPECIMEN INCLUDES

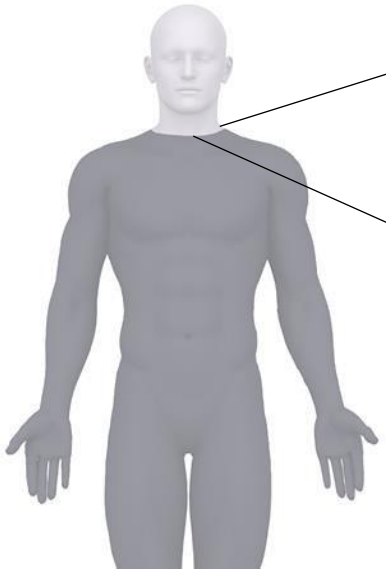
Spinal column through C7 fully intact. Head and facial hair (except eyebrows) are clipped.

CLOSURE & NOTES

Skin, muscle and trachea transected along the same plane. Some skin on the back of the neck may be missing up to C3.

Cephalus w/ Cervical Spine

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



The spinal column is disarticulated between T2 and T3.

The skin, muscle and trachea are transected along the same plane between the jugular notch and the laryngeal prominence.

The head and facial hair (except eyebrows) are clipped.



Anterior



Spinal column through T2 is fully intact, with the ribs cut down to approximately 1 inch on either side.

The head and neck are fully intact and covered with skin, with the thoracic vertebrae and partially first two ribs exposed.

Posterior



Some skin on the back of the neck may be missing up to C3.

RECOVERY BOUNDARY

Spinal column disarticulated between T2 and T3; skin, muscle and trachea transected between the jugular notch and the laryngeal prominence.

SPECIMEN INCLUDES

Head and neck fully intact and covered with skin. Spinal column through T2 fully intact, with ribs cut to approx. 1 inch on either side.

CLOSURE & NOTES

Thoracic vertebrae and partially the first two ribs are exposed. Some skin on the back of the neck may be missing up to C3.

SECTION II

II

Upper Extremity

Shoulder, arm and forearm preparations.

PLATES IN THIS SECTION

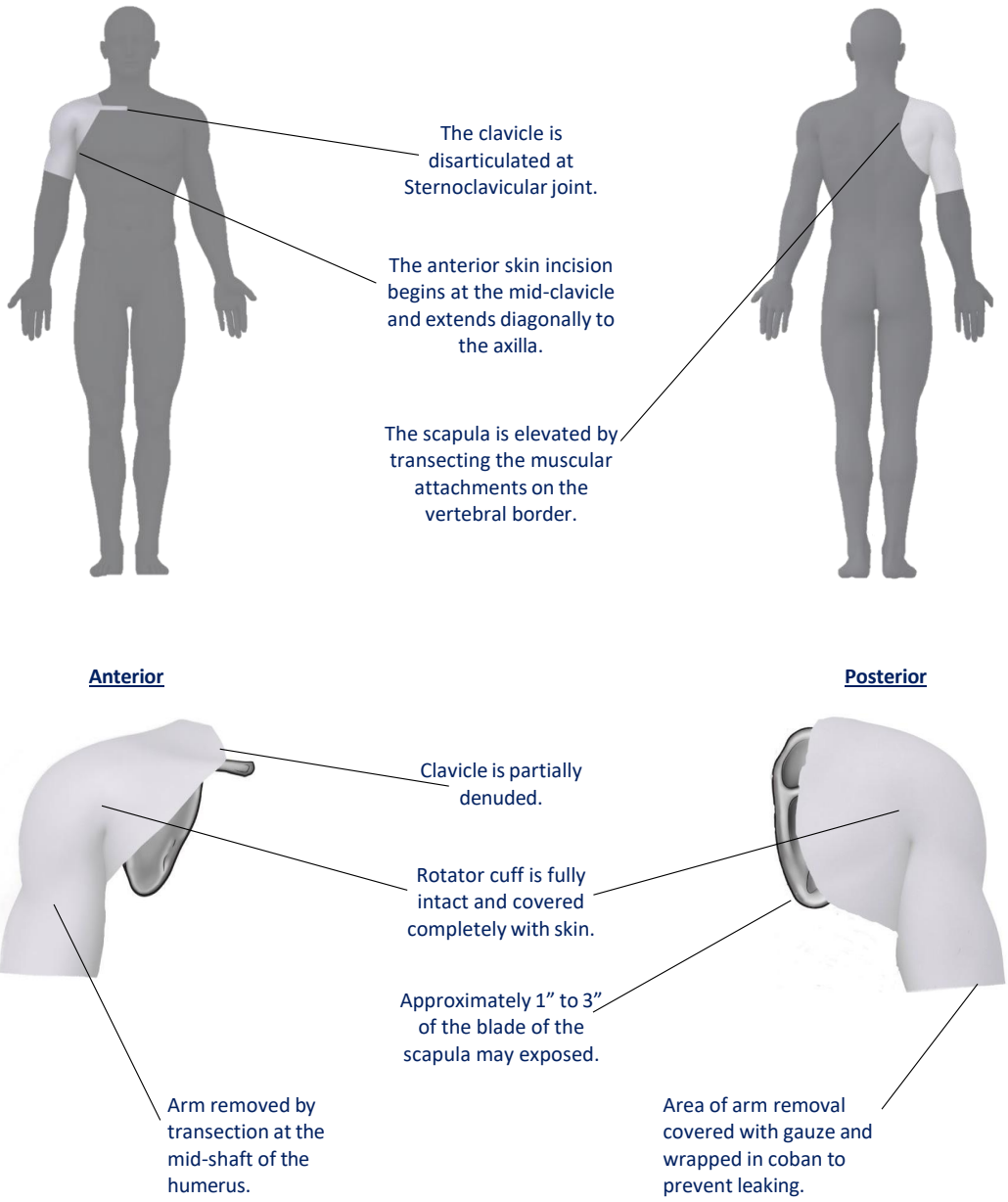
03 Shoulder w/ Clavicle 10

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05 Forearm w/ Hand w/ Elbow 12

Shoulder w/ Clavicle

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



RECOVERY BOUNDARY

Clavicle disarticulated at the sternoclavicular joint; scapula elevated by transecting the muscular attachments on the vertebral border; arm removed at the mid-shaft of the humerus.

SPECIMEN INCLUDES

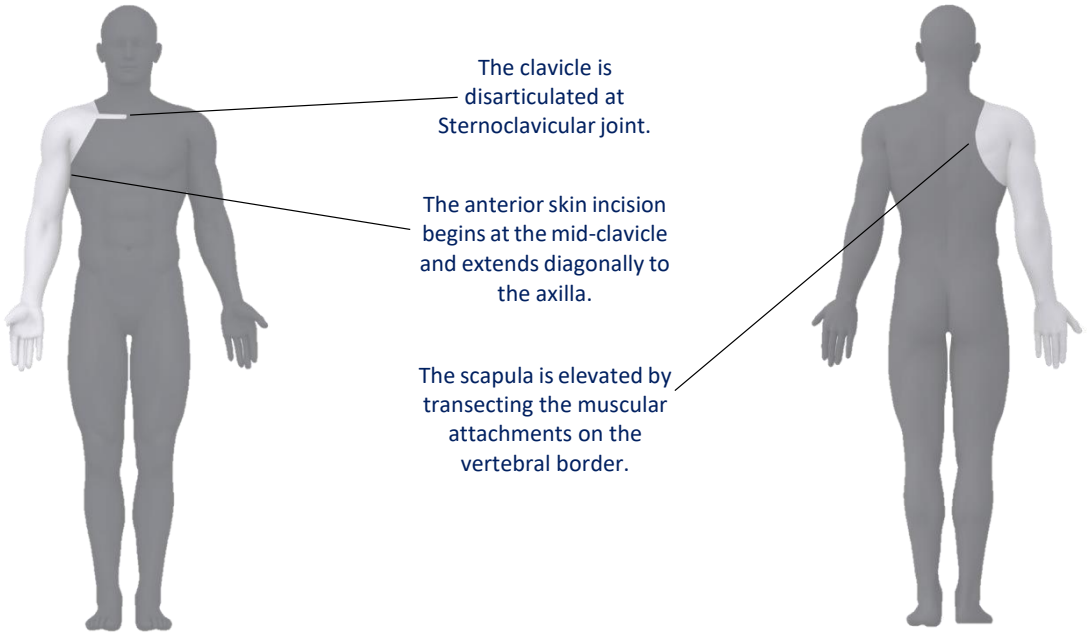
Rotator cuff fully intact and covered completely with skin. Clavicle partially denuded; approx. 1″ to 3″ of the scapular blade may be exposed.

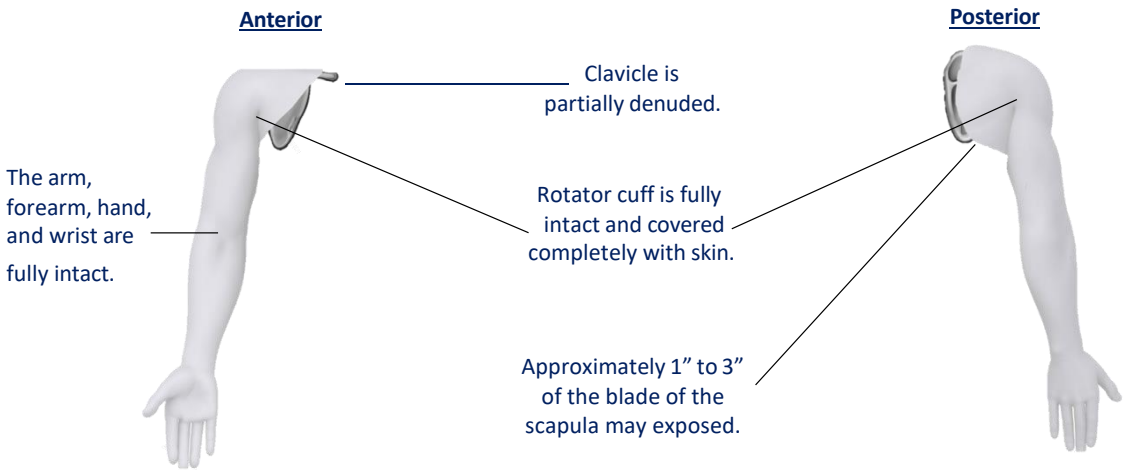
CLOSURE & NOTES

Anterior skin incision begins at the mid-clavicle and extends diagonally to the axilla. Arm-removal site covered with gauze and wrapped in coban.

Shoulder w/ Arm w/ Clavicle

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Clavicle disarticulated at the sternoclavicular joint; scapula elevated by transecting the muscular attachments on the vertebral border.

SPECIMEN INCLUDES

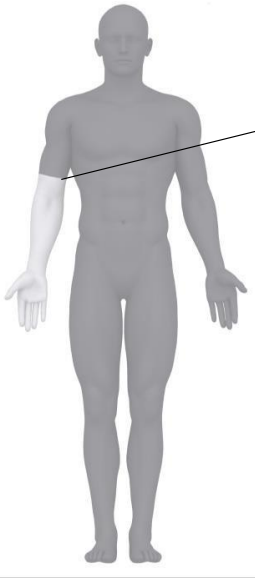
Arm, forearm, hand and wrist fully intact. Rotator cuff fully intact and covered with skin. Clavicle partially denuded; approx. 1″ to 3″ of the scapular blade may be exposed.

CLOSURE & NOTES

Anterior skin incision begins at the mid-clavicle and extends diagonally to the axilla.

Forearm w/ Hand w/ Elbow

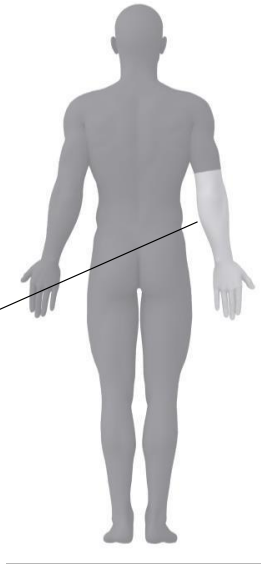
Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



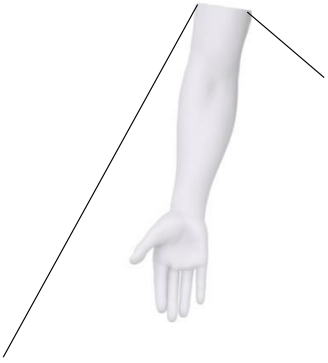
The arm is transected at mid-humerus.

Length of the humerus varies and specific bone length cannot be guaranteed

The forearm, hand, and wrist are fully intact.



Anterior



The upper arm incision is wrapped in gauze and coban.

Posterior



The skin and bone incision is made at mid-humerus.

The arm is typically wrapped in a straight position or slightly bent at the elbow.

RECOVERY BOUNDARY

Skin and bone incision made at the mid-humerus.

SPECIMEN INCLUDES

Forearm, hand and wrist fully intact.

CLOSURE & NOTES

Upper-arm incision wrapped in gauze and coban; arm typically wrapped straight or slightly bent at the elbow. Humerus length varies — a specific bone length cannot be guaranteed.

SECTION III

III

Torso — Intact

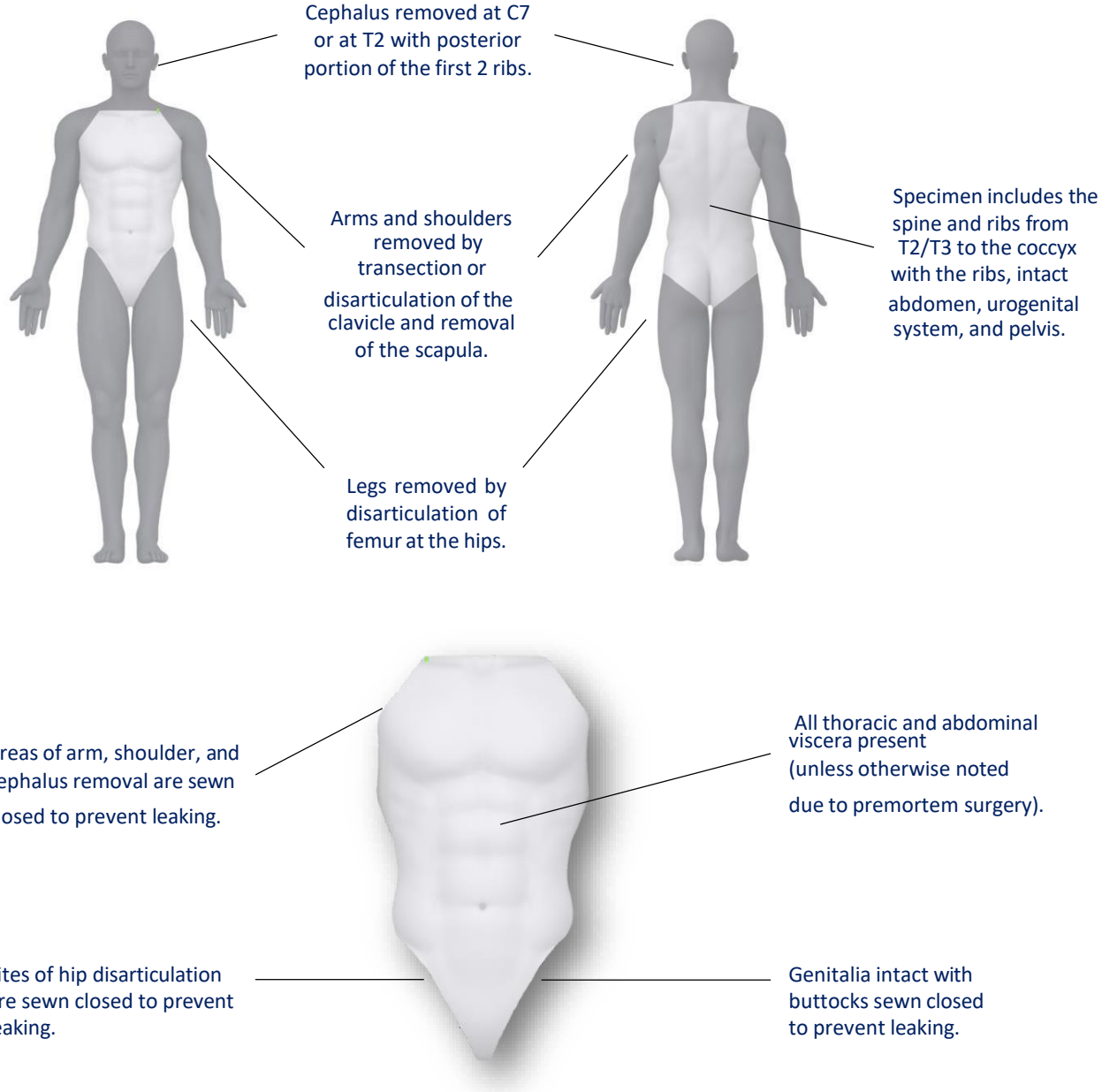
Torso preparations with thoracic and abdominal viscera present.

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08	Torso w/ Cephalus - Intact	16
09	Torso w/ Cephalus w/ Proximal Femurs w/ Shoulders - Intact	17
10	Torso to Toe Tip - Intact	18

Torso - Intact

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



RECOVERY BOUNDARY

Cephalus removed at C7 or T2 with the posterior portion of the first 2 ribs; arms and shoulders removed by transection or disarticulation of the clavicle and removal of the scapula; legs removed by disarticulation of the femur at the hips.

SPECIMEN INCLUDES

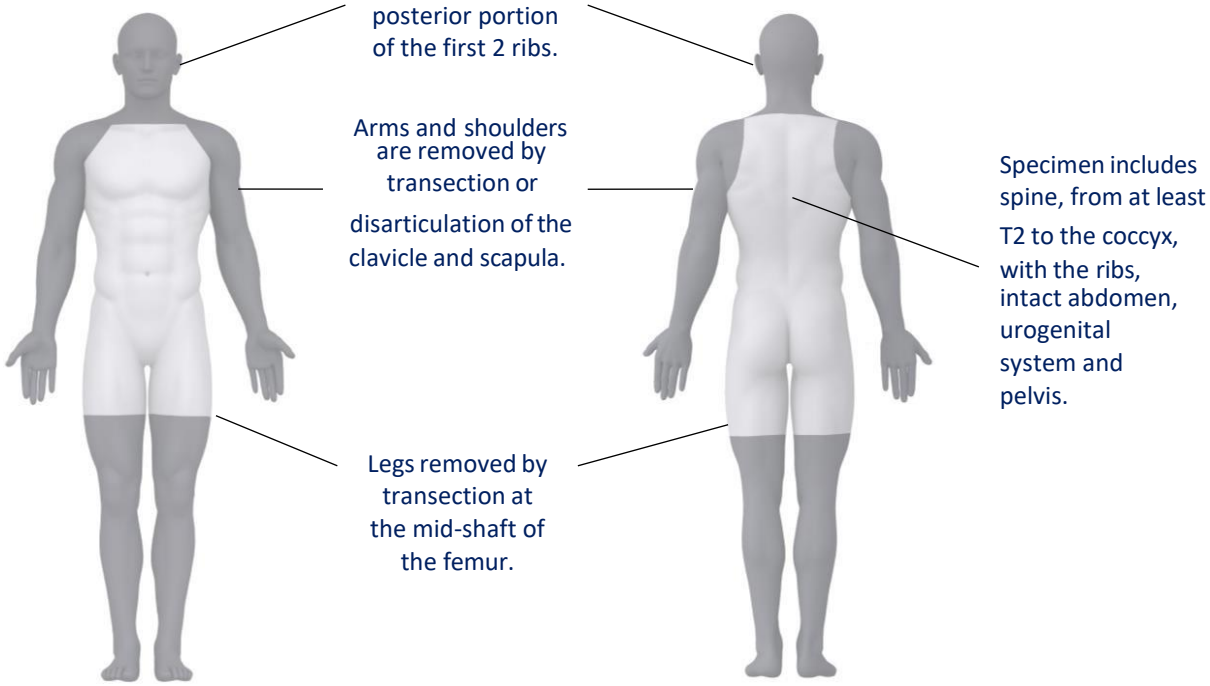
Spine and ribs from T2/T3 to the coccyx, intact abdomen, urogenital system and pelvis. All thoracic and abdominal viscera present (unless otherwise noted due to premortem surgery).

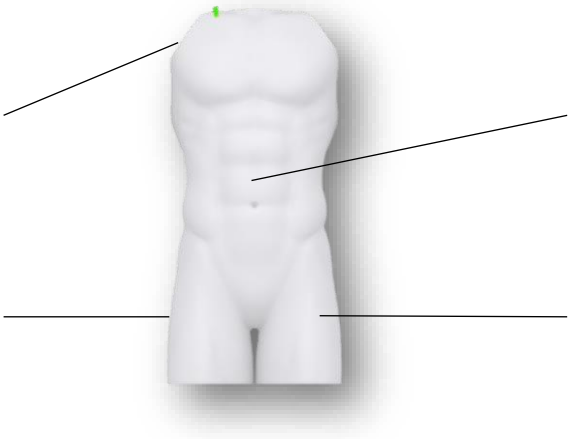
CLOSURE & NOTES

Arm, shoulder, cephalus and hip sites sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

Torso w/ Proximal Femurs - Intact

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Cephalus removed at C7 or T2 with the posterior portion of the first 2 ribs; arms and shoulders removed by transection or disarticulation of the clavicle and scapula; legs removed by transection at the mid-shaft of the femur.

SPECIMEN INCLUDES

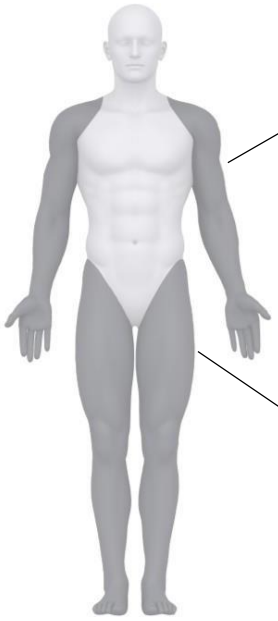
Spine from at least T2 to the coccyx with the ribs, intact abdomen, urogenital system and pelvis. All thoracic and abdominal viscera present (unless otherwise noted due to premortem surgery).

CLOSURE & NOTES

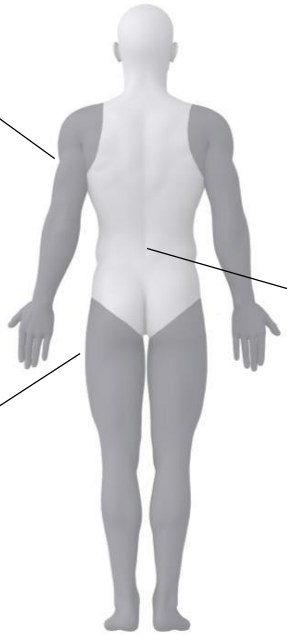
Arm, shoulder, cephalus and femur-transection sites sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

Torso w/ Cephalus - Intact

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.

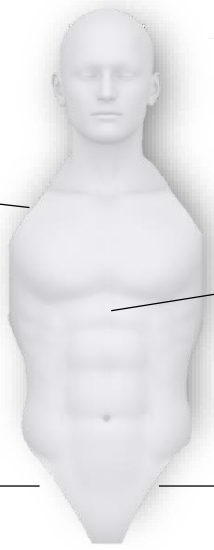


Arms and shoulders are removed by transecting the mid-shaft of the clavicle and excision of the scapulae.



Specimen includes the entire spinal column, intact abdomen, urogenital system, and pelvis.

Legs removed by disarticulation of the hips.



Areas of the arm and shoulder removal are sewn closed to prevent leaking.

All thoracic and abdominal viscera are present, (unless otherwise noted due to premortem surgery).

Sites of hip disarticulation are sewn closed to prevent leaking.

Genitalia intact with buttocks is sewn closed to prevent leaking.

RECOVERY BOUNDARY

Arms and shoulders removed by transecting the mid-shaft of the clavicle and excision of the scapulae; legs removed by disarticulation of the hips.

SPECIMEN INCLUDES

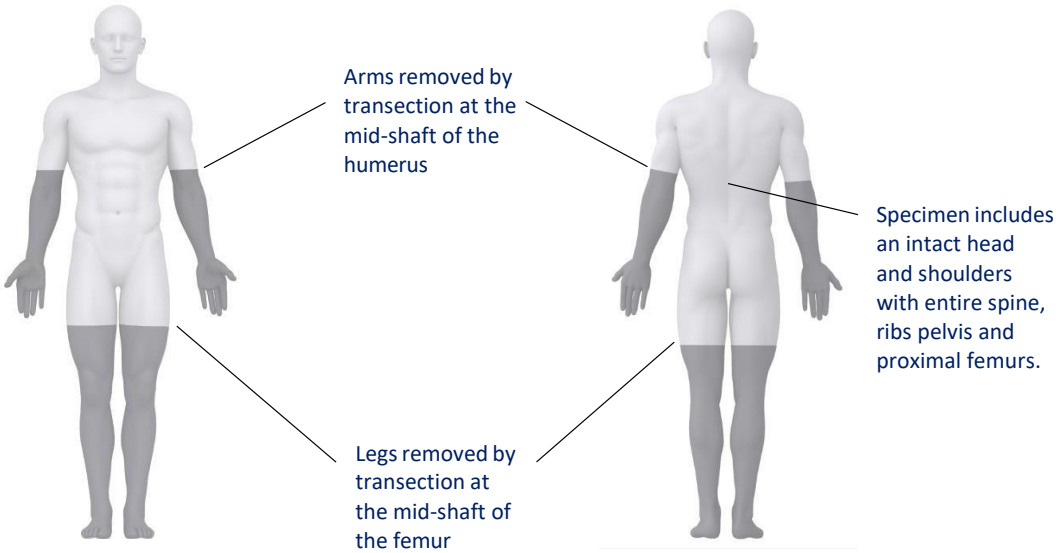
Entire spinal column, intact abdomen, urogenital system and pelvis. All thoracic and abdominal viscera present (unless otherwise noted due to premortem surgery).

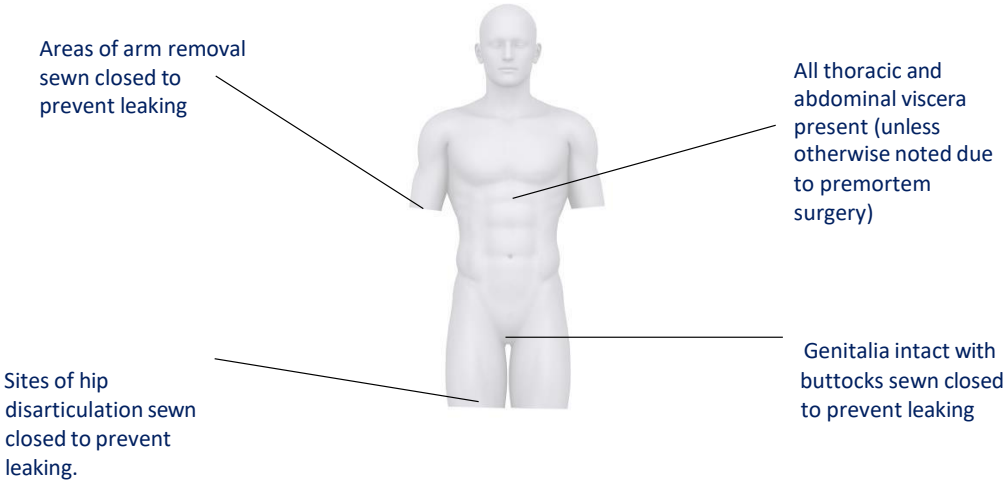
CLOSURE & NOTES

Arm, shoulder and hip sites sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

Torso w/ Cephalus w/ Proximal Femurs w/ Shoulders - Intact

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Arms removed by transection at the mid-shaft of the humerus; legs removed by transection at the mid-shaft of the femur.

SPECIMEN INCLUDES

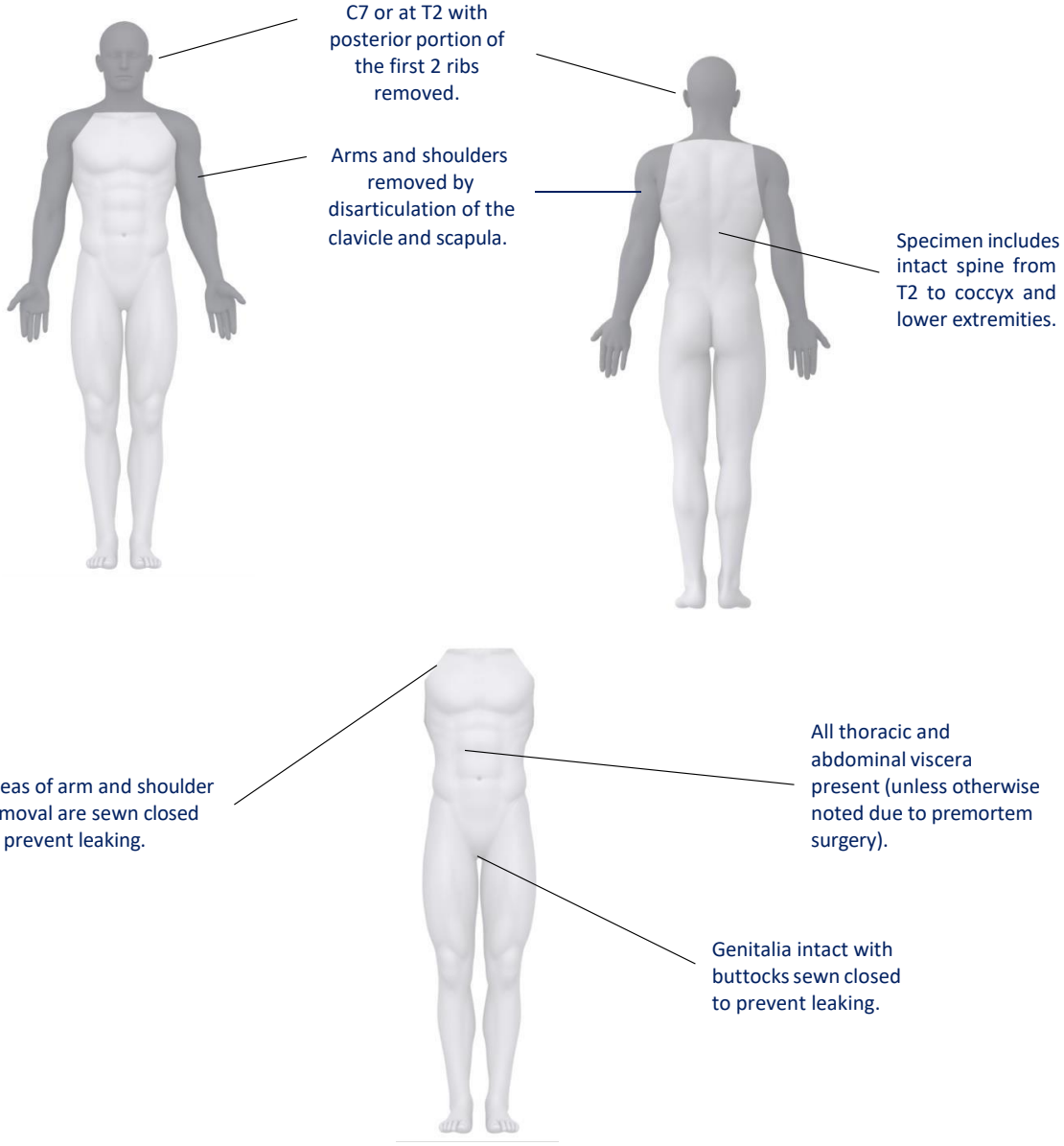
Intact head and shoulders with the entire spine, ribs, pelvis and proximal femurs. All thoracic and abdominal viscera present (unless otherwise noted due to premortem surgery).

CLOSURE & NOTES

Arm-removal and hip sites sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

Torso to Toe Tip - Intact

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



RECOVERY BOUNDARY

Cephalus removed at C7 or T2 with the posterior portion of the first 2 ribs; arms and shoulders removed by disarticulation of the clavicle and scapula.

SPECIMEN INCLUDES

Intact spine from T2 to the coccyx and the lower extremities. All thoracic and abdominal viscera present (unless otherwise noted due to premortem surgery).

CLOSURE & NOTES

Arm and shoulder sites sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

SECTION IV

IV

Torso — Eviscerated

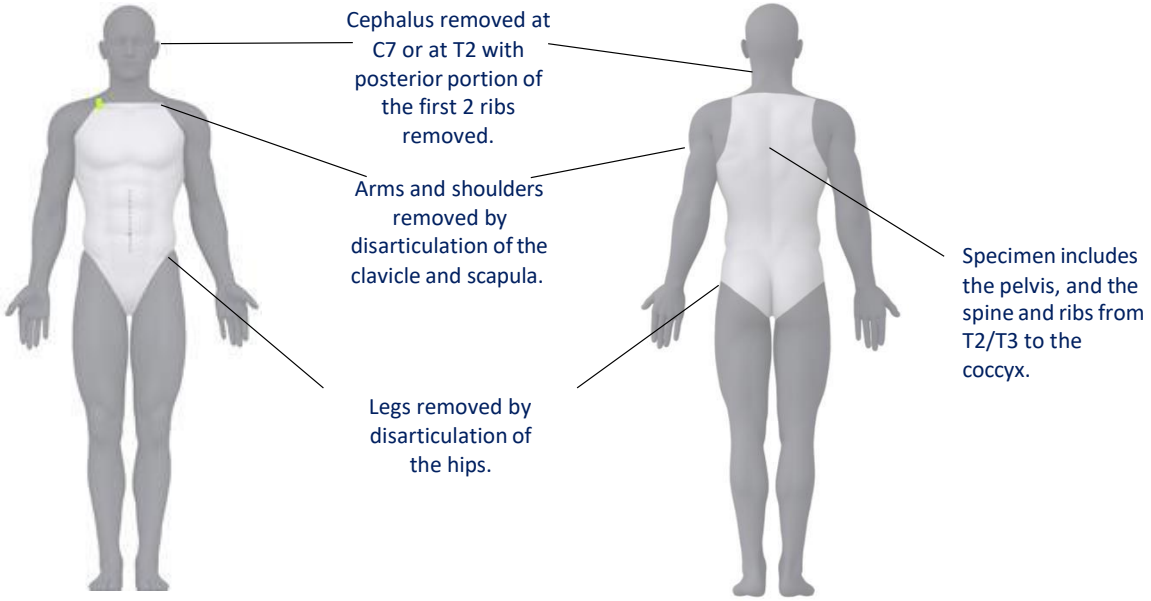
Torso preparations with thoracic and abdominal viscera removed.

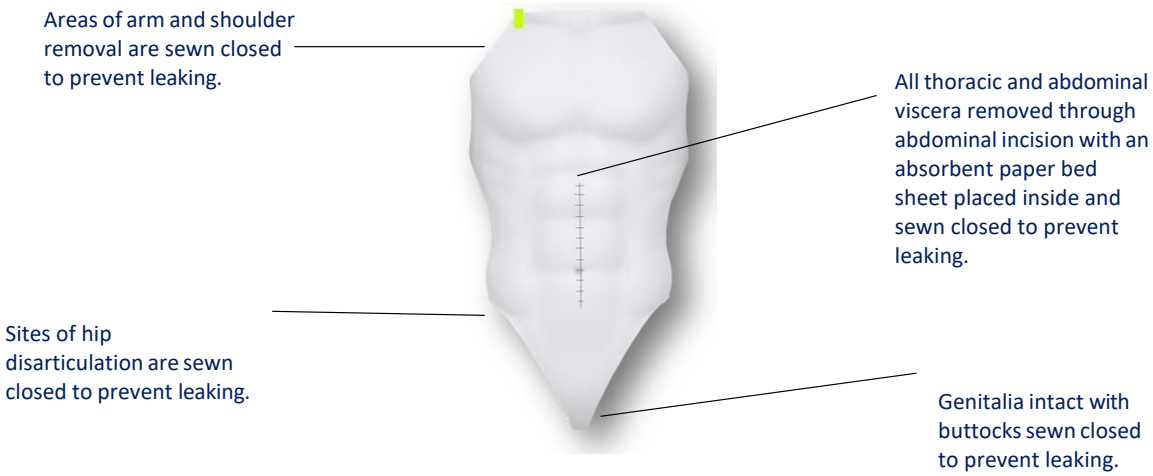
PLATES IN THIS SECTION

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12	Torso w/ Cephalus - Eviscerated	21
13	Torso w/ Cephalus w/ Proximal Femurs w/ Shoulders - Eviscerated	22
14	Torso to Toe Tip - Eviscerated	23

Torso - Eviscerated

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Cephalus removed at C7 or T2 with the posterior portion of the first 2 ribs; arms and shoulders removed by disarticulation of the clavicle and scapula; legs removed by disarticulation of the hips.

SPECIMEN INCLUDES

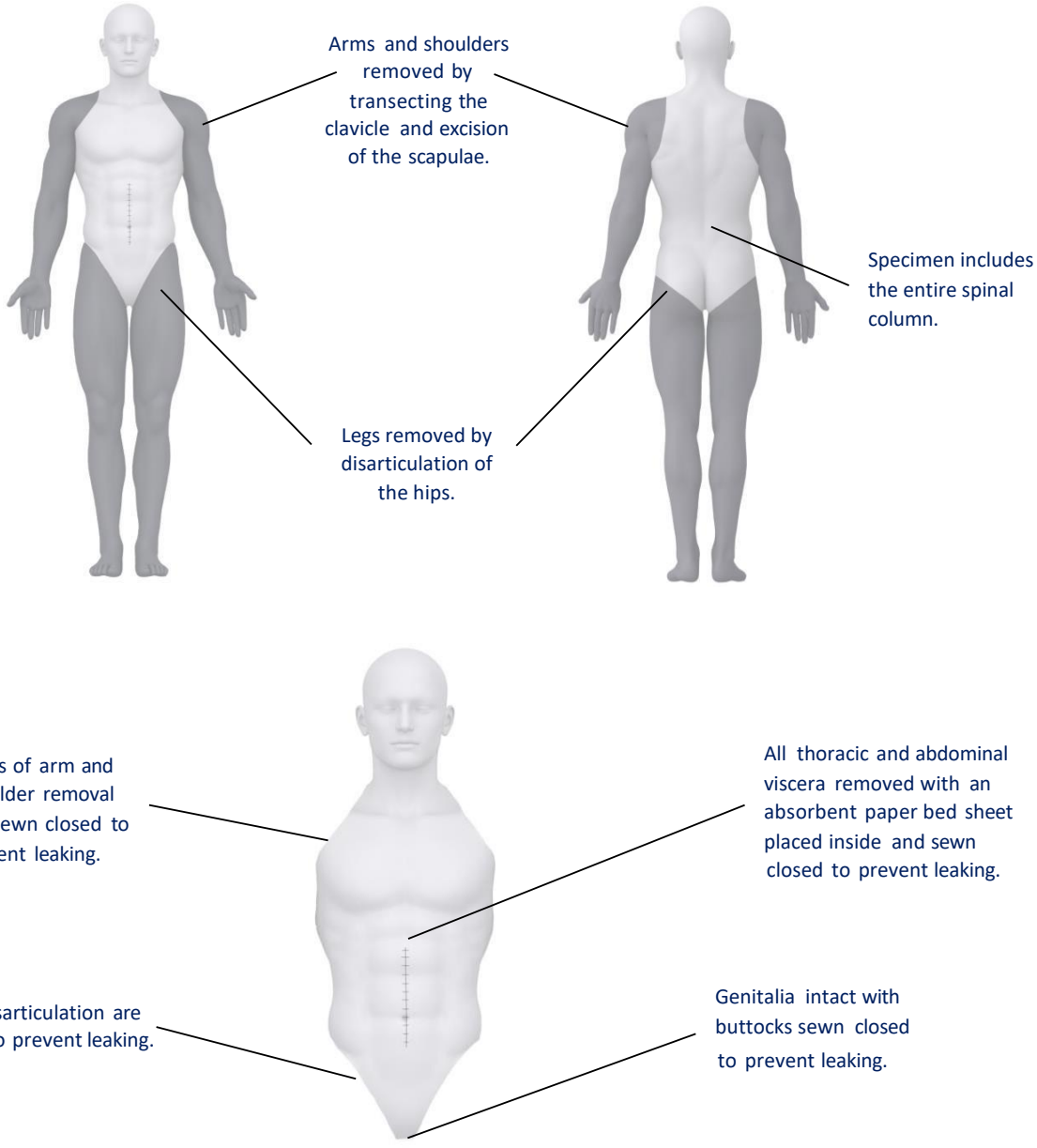
Pelvis, and the spine and ribs from T2/T3 to the coccyx. All thoracic and abdominal viscera removed through an abdominal incision, with an absorbent paper bed sheet placed inside.

CLOSURE & NOTES

Arm, shoulder and hip sites and the abdominal incision sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

Torso w/ Cephalus - Eviscerated

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



RECOVERY BOUNDARY

Arms and shoulders removed by transecting the clavicle and excision of the scapulae; legs removed by disarticulation of the hips.

SPECIMEN INCLUDES

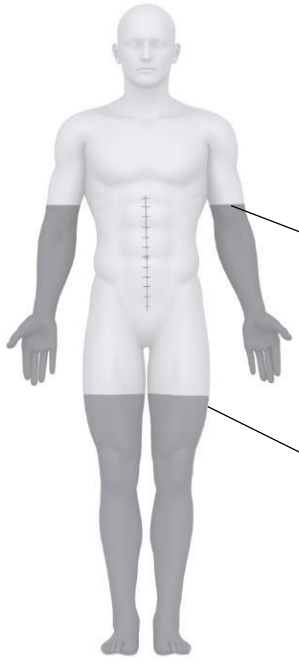
Entire spinal column. All thoracic and abdominal viscera removed, with an absorbent paper bed sheet placed inside.

CLOSURE & NOTES

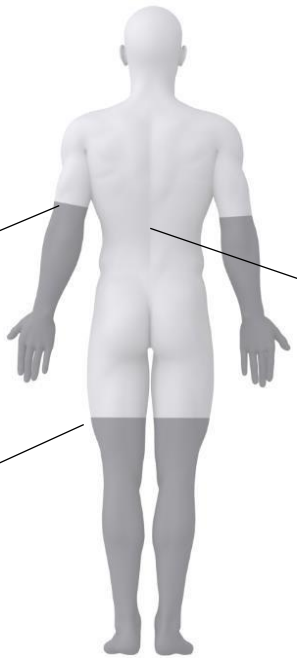
Arm, shoulder and hip sites sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

Torso w/ Cephalus w/ Proximal Femurs w/ Shoulders - Eviscerated

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.

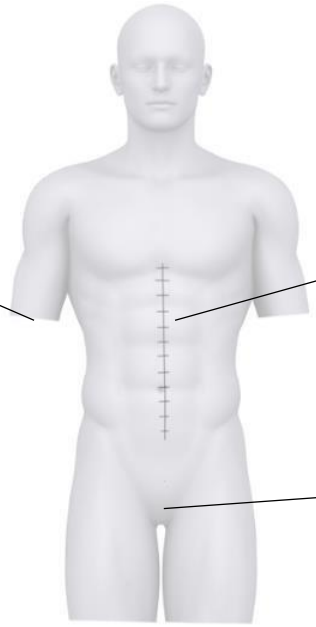


Arms removed by transection of the humerus.



Specimen includes an intact head and shoulders with the entire spine and ribs and pelvis.

Legs removed by transection of the femur.



Areas of arm removal are sewn closed to prevent leaking.

All thoracic and abdominal viscera removed.

Sites of leg transection sewn closed to prevent leaking.

Genitalia intact with buttocks sewn closed to prevent leaking.

RECOVERY BOUNDARY

Arms removed by transection of the humerus; legs removed by transection of the femur.

SPECIMEN INCLUDES

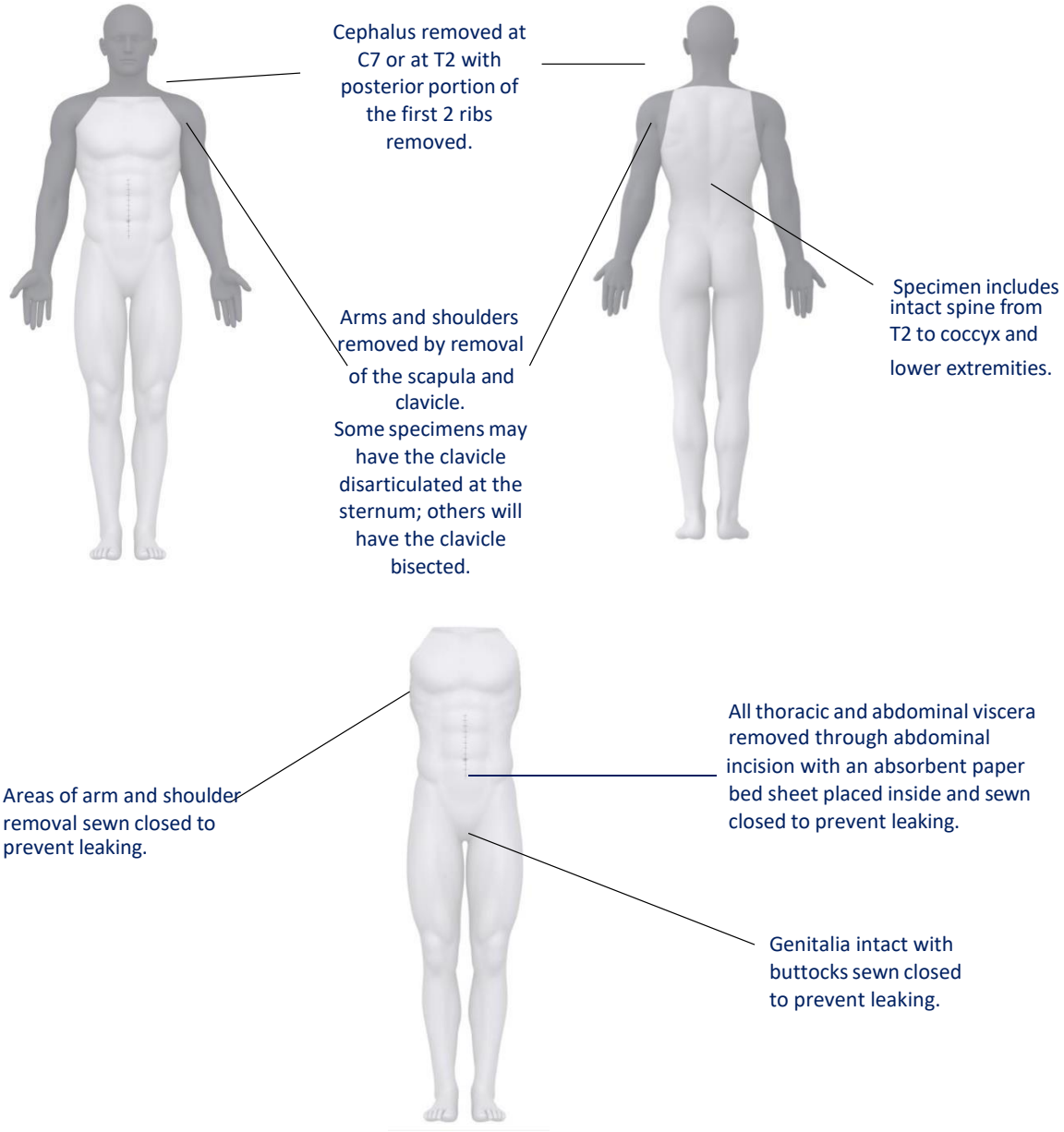
Intact head and shoulders with the entire spine, ribs and pelvis. All thoracic and abdominal viscera removed.

CLOSURE & NOTES

Arm-removal and leg-transection sites sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

Torso to Toe Tip - Eviscerated

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



RECOVERY BOUNDARY

Cephalus removed at C7 or T2 with the posterior portion of the first 2 ribs; arms and shoulders removed by removal of the scapula and clavicle (clavicle disarticulated at the sternum or bisected).

SPECIMEN INCLUDES

Intact spine from T2 to the coccyx and the lower extremities. All thoracic and abdominal viscera removed through an abdominal incision, with an absorbent paper bed sheet placed inside.

CLOSURE & NOTES

Arm and shoulder sites and the abdominal incision sewn closed to prevent leaking. Genitalia intact with buttocks sewn closed.

SECTION V

V

Lower Extremity

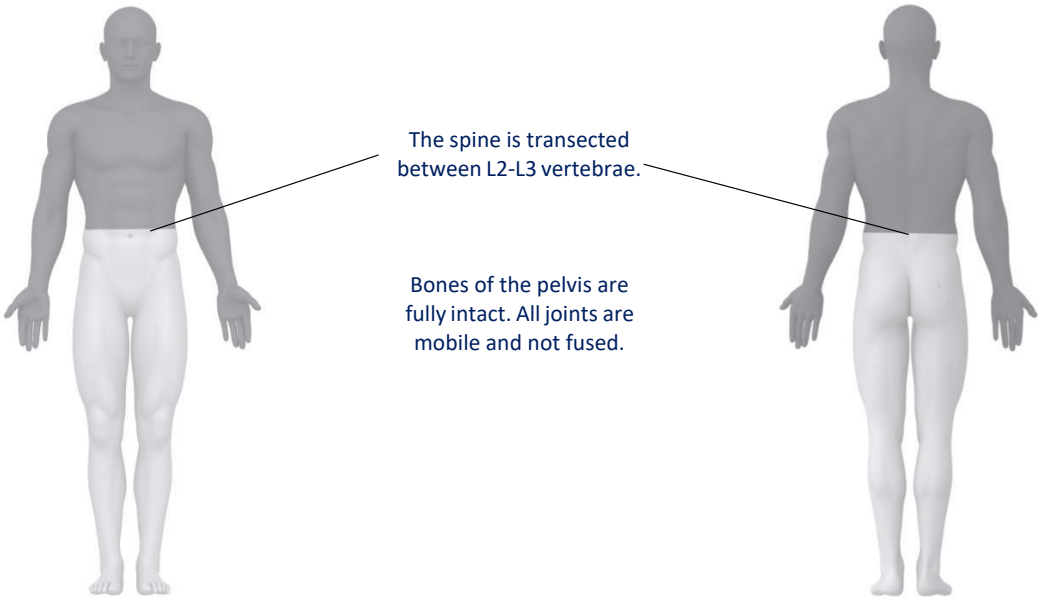
Pelvis, leg, knee and foot preparations.

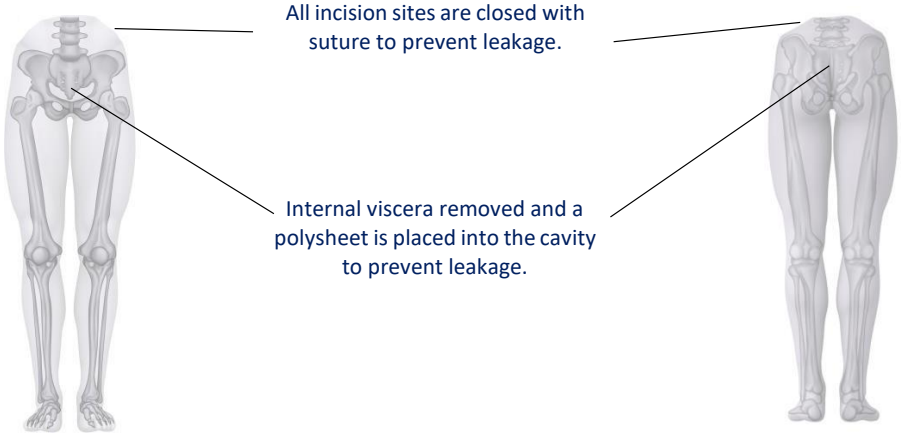
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Pelvis to Toe Tip w/ Sacrum

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Spine transected between the L2 and L3 vertebrae.

SPECIMEN INCLUDES

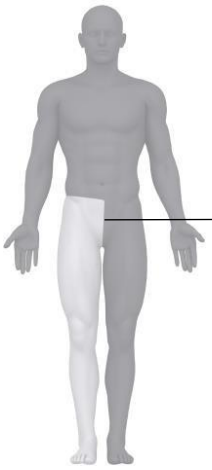
Bones of the pelvis fully intact; all joints mobile and not fused. Internal viscera removed and a polysheet placed into the cavity.

CLOSURE & NOTES

All incision sites closed with suture to prevent leakage.

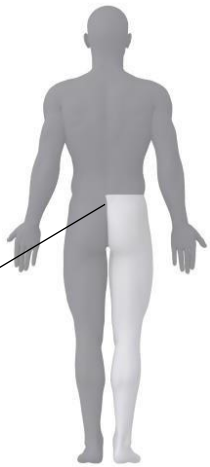
Hemipelvis to Toe Tip

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



Anterior of the pelvis is separated at the pubic symphysis

Posterior of the pelvis is separated at the sacroiliac joint.



Anterior



Internal viscera removed and a polysheet is placed into the cavity to prevent leakage.

All incision sites are closed with suture to prevent leakage.

Posterior



RECOVERY BOUNDARY

Anterior of the pelvis separated at the pubic symphysis; posterior of the pelvis separated at the sacroiliac joint.

SPECIMEN INCLUDES

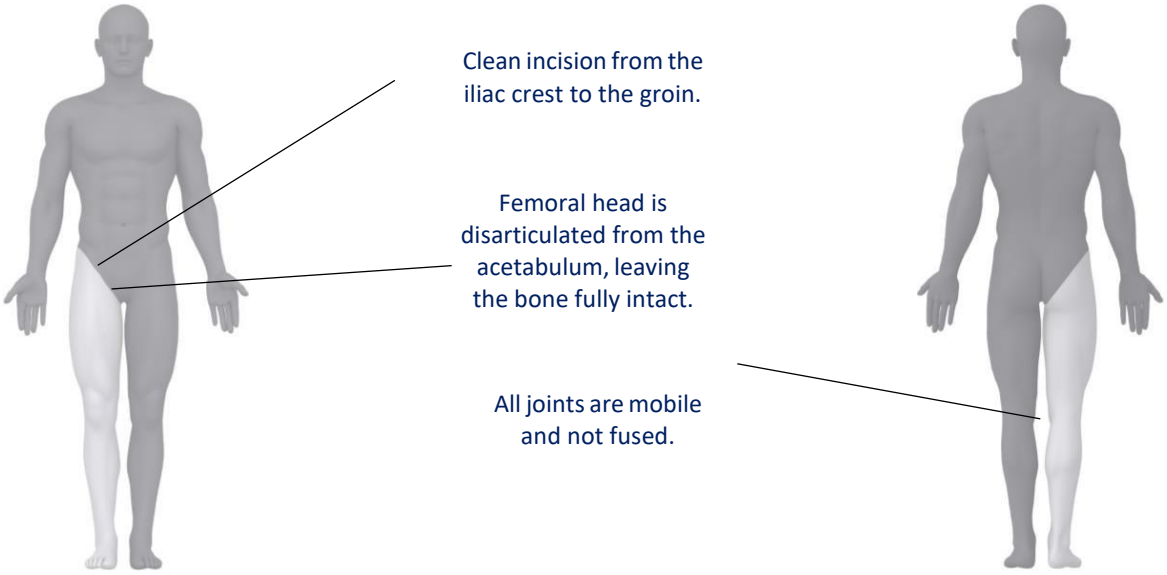
Internal viscera removed and a polysheet placed into the cavity to prevent leakage.

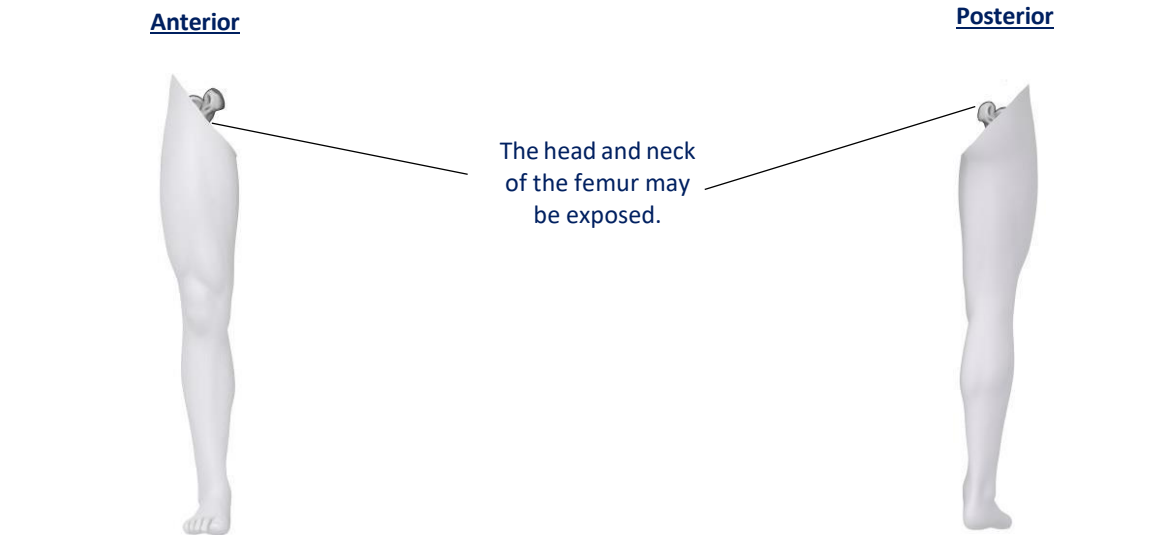
CLOSURE & NOTES

All incision sites closed with suture to prevent leakage.

Whole Leg

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Clean incision from the iliac crest to the groin; femoral head disarticulated from the acetabulum, leaving the bone fully intact.

SPECIMEN INCLUDES

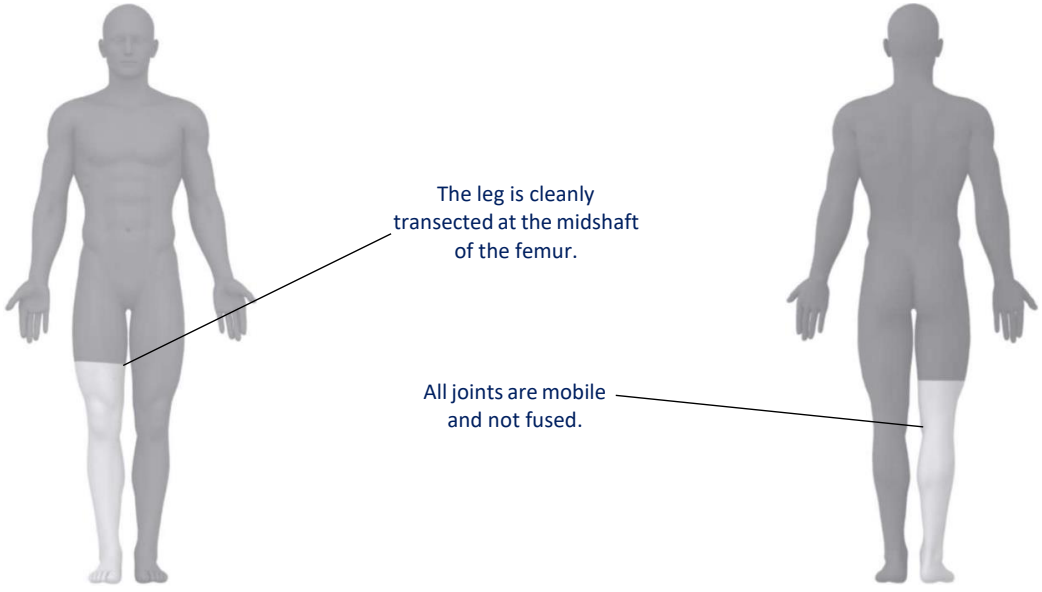
All joints mobile and not fused.

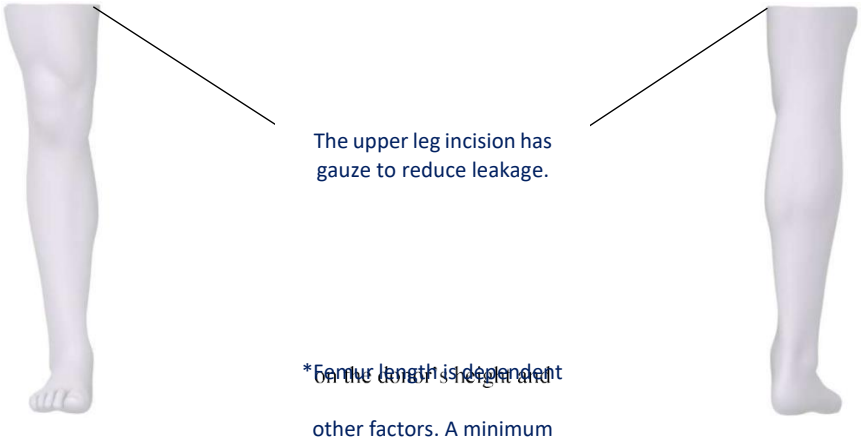
CLOSURE & NOTES

The head and neck of the femur may be exposed.

Knee to Toe Tip

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Leg cleanly transected at the mid-shaft of the femur.

SPECIMEN INCLUDES

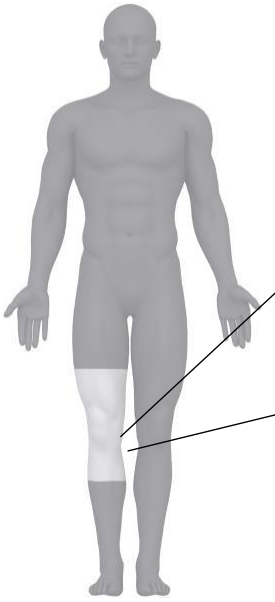
All joints mobile and not fused.

CLOSURE & NOTES

Upper-leg incision has gauze to reduce leakage. Femur length depends on donor height and other factors — a minimum length cannot be guaranteed.

Knee

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



Superior end of specimen has femur transected at mid-shaft, and inferior end has tibia/fibula transected at mid-shaft.

Knee is mobile and not fused with no evidence of previous surgeries or deformities.

The length of the femur and tibia/fibula varies based on height. Specific bone length cannot be guaranteed



Anterior



Clean incision at the mid-shaft of the femur and mid-shaft of tibia/fibula.
Both leg incisions are wrapped in gauze and coban.

Posterior



RECOVERY BOUNDARY

Superior end: femur transected at mid-shaft. Inferior end: tibia/fibula transected at mid-shaft.

SPECIMEN INCLUDES

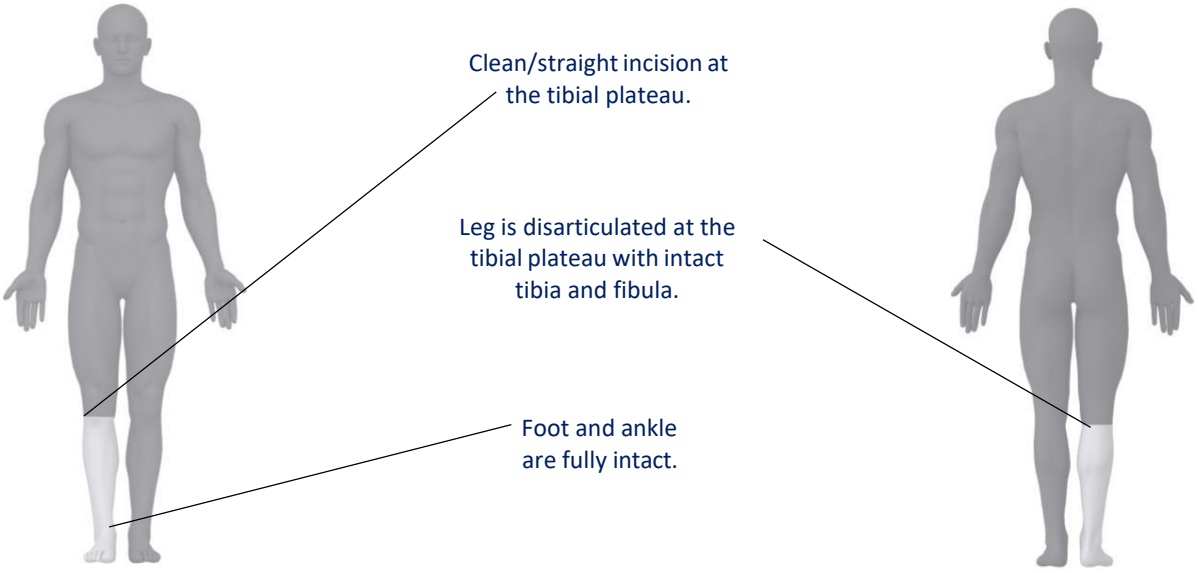
Knee mobile and not fused, with no evidence of previous surgeries or deformities.

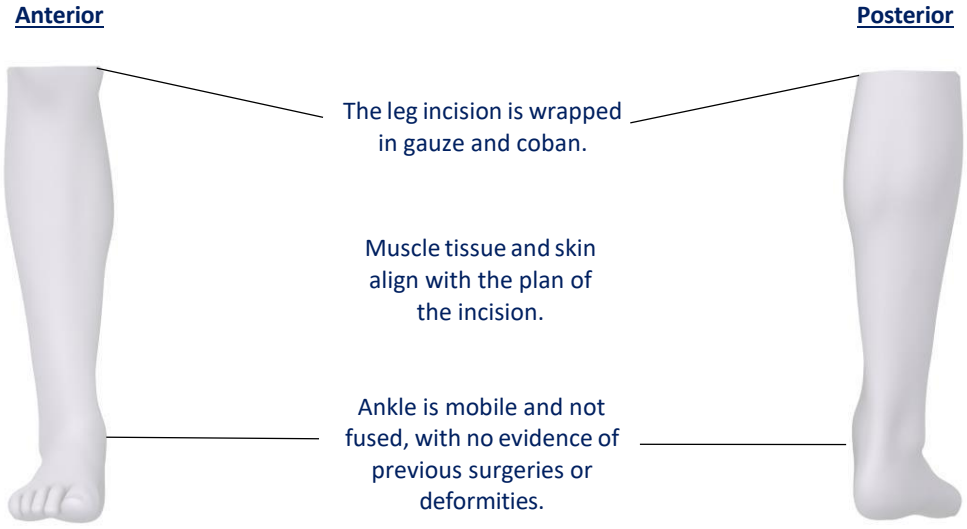
CLOSURE & NOTES

Both leg incisions wrapped in gauze and coban. Femur and tibia/fibula lengths vary with height — a specific bone length cannot be guaranteed.

Tibial Plateau to Toe Tip

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.





RECOVERY BOUNDARY

Clean, straight incision at the tibial plateau; leg disarticulated at the tibial plateau with intact tibia and fibula.

SPECIMEN INCLUDES

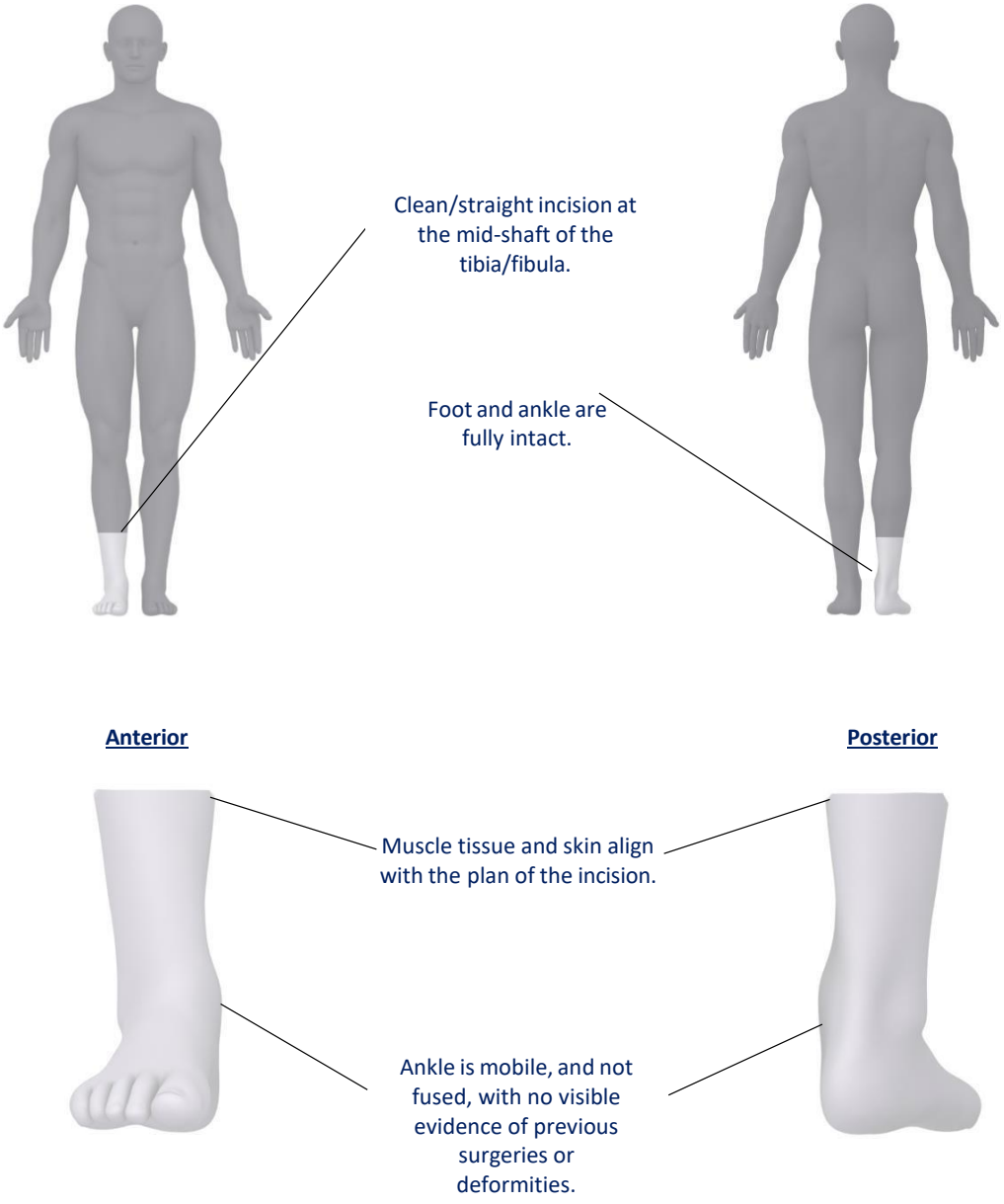
Foot and ankle fully intact. Ankle mobile and not fused, with no evidence of previous surgeries or deformities.

CLOSURE & NOTES

Leg incision wrapped in gauze and coban. Muscle tissue and skin align with the plane of the incision.

Foot

Purpose statement: To describe the specific manner in which tissue is recovered from a cadaveric donor for research and/or education.



RECOVERY BOUNDARY

Clean, straight incision at the mid-shaft of the tibia/fibula.

SPECIMEN INCLUDES

Foot and ankle fully intact. Ankle mobile and not fused, with no visible evidence of previous surgeries or deformities.

CLOSURE & NOTES

Muscle tissue and skin align with the plane of the incision.

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Core Specimen Descriptions

An Illustrated Catalogue of Specimen Recovery

Every specimen in this catalogue is recovered to the specification shown on its plate. For questions about a preparation, variants not shown here, or availability, please contact iMedical.

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