**Name:** **Date of Request**:\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**

**IN-HOUSE MVZ TISSUE Usage Form**

Our tissue collection is invaluable, and many samples are irreplaceable. Therefore, only MVZ curatorial staff are allowed to access the collection. To request tissues from the collection, you must fill out this form completely and obtain a curator signature. The signed form should be given to a staff curator for processing by a trained curatorial assistant. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research Project Description:**

**Do you want the tissues \_\_\_\_\_ frozen or in \_\_\_\_\_ 95% ethanol (check one)?**

**List of specimen numbers requested:**

**(complete before getting signature)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cat. No.** | **Species** | **Field No.** | **Vial Barcode** |  | **Minimal Tissue Left \*\*** |
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\*\* DO NOT SUBSAMPLE if tissue remaining in vial is less than 1 cubic millimeter (about the amount for one sample).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Curator Signature and Name**  **Date**

Give the signed form to the Staff Curator responsible for that collection. Loan #:\_\_\_\_\_\_\_\_\_\_\_

**List of specimen numbers requested:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cat. No.** | **Species** | **Field No.** | **Vial Barcode** |  | **Minimal Tissue Left \*\*** |
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