**University of Massachusetts- Amherst**

**Tissue Request Form**

**Tissue Requestor**

|  |  |  |
| --- | --- | --- |
| P.I.: | Degree: | Department: |

|  |  |  |
| --- | --- | --- |
| Phone: | FAX: | E-mail: |

|  |  |  |
| --- | --- | --- |
| Emergency phone: | Department: | Mail Code: |

Project Title:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates*:* | Start: | End: | Funding Source: |

Will tissue be transferred into live animals? No Yes If yes, protocol #:

Are biohazardous agents involved? No Yes Are radioactive agents involved? No Yes

Are chemical agents involved? No Yes Are toxic agents involved? No Yes

If yes, what type of agents?

**Tissue Source**

Species:

Tissue type:

Quantity:

Mode of transport:

Vendor:

Contact Information:

If tissue is supplied from a UMASS investigator, complete this section:

|  |  |
| --- | --- |
| Principal Investigator supplying the tissue: | Department: |
|  |  |
| Approved Protocol # of tissue supplier: | Approval Date: |

**Summary of Tissue Study**

Please describe in lay terms how the tissue will be used.

\_\_\_\_\_ ­­ Principal Investigator Signature & Date Attending Veterinarian Signature & Date