

**OREGON NATIONAL PRIMATE RESEARCH CENTER
TISSUE DISTRIBUTION PROGRAM
TISSUE REQUEST FORM**

Please fill in the following information completely and explicitly (please type or print):

Name	<input type="text"/> <small style="display: flex; justify-content: space-around;">LastFirstMI</small>	Date	<input type="text"/>
Title	<input type="text"/>	<input type="checkbox"/> Teaching	
Head of Lab	<input type="text"/>	<input type="checkbox"/> Research	
Name of Lab	<input type="text"/>	<input type="checkbox"/> Commercial	
Institution	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

Species Male Female Either Age range

Tissue (type & quantity)
Fresh Frozen

Planned Use

Special Instructions/Dissections

Media Required

Number of samples/animals needed When needed/frequency

Delivery: Pick up at ONPRC (If not you, will pick up tissue)
 Fed Ex Name

Sent only via your shipping account number

Shipping address (if different from above)

Billing address (if different from above)

Purchase Order # (if applicable) OR Will pay by credit card when invoiced

BIOHAZARDS SAFETY CONSIDERATION: I realize that even though this material will be obtained from animals with no clinical signs or gross lesions of disease at necropsy, the specimens may contain infectious agents communicable to humans and should be handled accordingly.



Requester's signature



Date

Send completed request form to:

Wendy Price, Tissue Distribution Program Coordinator
Oregon National Primate Research Center
Mail Code L584
505 NW 185th Avenue
Beaverton, OR 97006
Phone: (503)346-5130