Tissue Share Request Form

For Post Mortem Tissue Collection Only Animals must be deceased

Please send the completed form to CMP Mail Stop 4473, email to <u>comparative</u> medicine@tamu.edu, or Fax to 845-6706.

Availability is not guaranteed.

Department: ______

Investigator: _____

Phone:	Email:		
Contact Person:	Contact E		
Species:	Strain:		
Age:	Sex:	Sex:	
<i>Qty</i> :	Frequency:		
Tissue(s) Needed:			
may be charged. CMP will train the request Health Division staff available. Signature	·	f charge but will be based on Date	
	(CMP Office Use Only)	Tissue Request ID:	
<u>Offered</u>		<u>Comment</u>	