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 comparative-medicine@tamu.edu, or Fax to 845-6706.
Availability is not guaranteed.

Investigator: _____ **Department:** _____

Phone: _____ **Email:** _____

Contact Person: _____ **Contact Email:** _____

***Species*:** _____ ***Strain*:** _____

***Age*:** _____ ***Sex*:** _____

***Qty*:** _____ ***Frequency*:** _____

***Tissue(s) Needed*:** _____

_____

Tissue Collection Options:

- ☐ CMP will euthanize the animals and the requester will collect the tissue(s).
- ☐ CMP will euthanize and collect the tissue(s) – a technical service fee and equipment fee may be charged.
- ☐ CMP will train the requester to collect the tissue(s) - free of charge but will be based on Health Division staff availability.

Signature_____ **Date**_____

(CMP Office Use Only) Tissue Request ID: _____

Offered	Collected	Comment