

**University of Texas Health Science Center at Houston Brain Collection Tissue Request Form**

**Please complete and submit to Dr. Consuelo Walss-Bass (Consuelo.WalssBass@uth.tmc.edu)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Requestor information** | | | | | | |
| Name |  |  |  |  |  |  |
| Institution |  |  |  |  |  |  |
| Department |  |  |  |  |  |  |
| Mailing Address |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Shipping Address |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Email |  |  |  |  |  |  |
| Phone # |  |  |  |  |  |  |
| Project Funding Source |  |  |  |  |  |  |
|  | | | | | | |
| **Tissue Requested** | | | | | | |
|  | Brain Region |  |  |  |  |  |
|  | Amount |  |  |  |  |  |
|  | Fixed or frozen tissue |  |  |  |  |  |
|  | Diagnoses |  |  |  |  |  |
|  | # of Subjects |  |  |  |  |  |
|  | Age Range |  |  |  |  |  |
|  | Sex |  |  |  |  |  |
|  | Ethnicity |  |  |  |  |  |
|  | PMI |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Please Attach a brief background of the project including the aims and objective and the experimental design for use of the tissue | | | | | | |
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