

**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)**

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| **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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