

## Postmortem Tissue and Service Request Form

### Contact Information

Principal Researcher's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

### Tissue Specifications

Tissue Type:  whole globes     anterior poles     posterior poles

specify \_\_\_\_\_

specify \_\_\_\_\_

Donor Age Criteria: \_\_\_\_\_

Ocular conditions: \_\_\_\_\_

\_\_\_\_\_

Conditions not allowed: \_\_\_\_\_

\_\_\_\_\_

Prior ocular surgery allowed:  Yes     No

Specifics: \_\_\_\_\_

Acceptable Death to Preservation Time: \_\_\_\_\_

Preservation Method/Specifications: \_\_\_\_\_

\_\_\_\_\_

Protocol Review (BioSight Repository Use): \_\_\_\_\_

IRB protocol of reference to receive human tissue and data \_\_\_\_\_

Fund code: \_\_\_\_\_

- Please notify BioSight if fund code changes.
- Please notify BioSight if you wish to STOP or HOLD receiving tissues.
- Please complete another form for multiple protocols.

\_\_\_\_\_  
Name of person completing this form

\_\_\_\_\_  
Date