

AMNH, DEPARTMENT OF MAMMALOGY
TISSUE LOAN APPLICATION

Name _____ Title _____
Department / Institution _____
Address _____
City / State _____ Country / Postal Code _____
e-mail _____ Telephone _____

Students must include the following information about their advisor:

Name _____ Title _____
Department / Institution _____
e-mail _____ Telephone _____

Note: a letter of support from the student's advisor must accompany student requests. The letter must state the student's experience working with museum specimens as well as past experience with the proposed procedure. Support letter may be e-mailed to mammloans@amnh.org.

Purpose and scientific merit of the proposed research:

Samples to be included (be as specific as possible):

Please provide evidence of your experience and competence with this protocol.

Explain why AMNH specimens must be used. What other collections have been approached (e.g., NMNH, ROM, TTU, CMNH, etc.)?

Any other information that you feel is pertinent to this request: