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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | Title: | |  | |
| Department/Institution: | | | |  | | | | | |
| Street Address: | | |  | | | | | | |
| City/State: | |  | | | Country/Postal Code: | | | |  |
| Email: |  | | | | Phone: | |  | | |

Student and postdoc requests will only be considered with the consent of their advisor/sponsor. Provide contact information for the person accepting responsibility for a student/postdoc request and be sure to CC them on any correspondence.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Advisor/Sponsor Name: | |  | | | Title: | |  |
| Department/Institution: | | |  | | | | |
| Email: |  | | | Phone: | |  | |
| Purpose and scientific merit of the proposed research (add attachment if necessary): | | | | | | | |
| Samples to be included (please provide a list by **catalog number** & **taxa**; add attachment if necessary): | | | | | | | |
| Have you collected samples yourself? Why or why not? | | | | | | | | | |
| Are you requesting samples from other museums or organizations? Please provide a list of these museums and indicate if they have approved your request: | | | | | | | | | |
| Methods to be applied (e.g., genes being sequenced, NextGen) and demonstrated experience with said techniques: | | | | | | | |
|  | | | | | | | | |

Please indicate your preference as to how the tissues are shipped:

95% Ethanol  DMSO  Dry (no buffer)  Frozen\*

\*Shipping frozen samples will only occur if researchers provide required materials/cover costs

Please provide a complete (street number and street name) shipping address for the samples:

If you have one, please provide an account number for shipping the samples.

**Note: Shipping samples outside of the USA may require additional information and documentation.**

**Conditions:**

1. **Acknowledgment in Scientific Publications** - Any publication, report, or presentation resulting from or including samples from this loan must acknowledge the “Field Museum of Natural History” as the source of tissues. All samples referenced in text must also be referenced using their catalog number and the initials FMNH, e.g., FMNH 12345.
2. **Additional Projects** - Tissues are to be used for the purpose outlined in this form. Any additional studies or transfer of the tissues to other institutions or researchers requires written approval.
3. **Specimen Identification** - Field Museum of Natural History is not responsible for verifying the identification of tissues or vouchers. Although every effort has been made to ensure all identifications and information are correct, it is the responsibility of the borrower to confirm such information.
4. **Sequence Data Repatriation** – Sequences must be submitted to Genbank and associated accession numbers provided to the Field Museum of Natural History.