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**University of Southern California**  
**Department of Animal Resources**  
**Tissue Request Form**

<b>Tissue Requester</b>
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PI:	Degree:	Univ. Title:
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Office Phone:	E-mail:
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Cell Phone:	Department:	Mail Code:
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Project Title:
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Dates:	Start:	End:	Funding Source:
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Will tissue be transferred into live animals? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, protocol #:
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Are biohazardous agents involved? No  Yes       Radioactive agents involved? No  Yes

If yes, what type of agents?
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<b>Tissue Source</b>
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Species:	Tissue type:
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Quantity:	Mode of transport:
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Vendor:	Contact Information:
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If tissue is supplied from a USC investigator, complete this section:

PI supplying the tissue:	Univ. Title:
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Approved Protocol # of tissue supplier:	Approval Date:
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Signature of the PI supplying the tissue: \_\_\_\_\_

Date: \_\_\_\_\_

Please continue on next page.

Scan and email to [daradm@usc.edu](mailto:daradm@usc.edu) or submit in person to CHP 234.

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**Summary of Tissue Study**

Please describe in lay terms how the tissue will be used.

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Print PI name

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PI Signature (Requester)

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Date

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Veterinarian Signature

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Approval Date

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