

Research Tissue Request Application

Thank you for your interest in working with Lions Gift of Sight to fulfill your ocular tissue research needs. In order for us to assess your request, please:

- Complete this form
- Attach a brief description of the purpose and approximate length of the research project
- Attach the principal investigator's CV or Biosketch
- Fax or e-mail the completed form to 612-625-4295 or LGS-research@umn.edu.

Lions Gift of Sight will contact you regarding your request within one week of receipt. Direct questions to **Research Staff** at **LGS-research@umn.edu** or **612-625-5159**.

Print or fill in the information below. Principle researcher's full name						
Are you affiliated with the Depar of Minnesota? Yes	tment of Ophthal No	mology and Visua	l Neuroscience	es, University		
Other people or organizations in	volved in the stud	y:				
Is the funding provided by a for-	profit company?		Yes	No		
Is this an IRB study? Yes	s No	IRB #				
Is Lions Gift of Sight an approved (If no, tissue collection will be on ho	•	•	Yes	No		
Accounts Payable Contact Name						
Phone	Email					
Email address to send invoices _						

Contact Information For Tissue Offers

Name			
Phone	Email	:	
Shipping Address			
Brief statement on how the tissues necessary):		in the study (attach ad	
Tissue Cri	teria and Prese	rvation Information	
Tissue type (check all that apply):	Corneas	Whole globes	Posterior globes
Other			
Amount desired, frequency of offer	s, duration of s	tudy (e.g., 2 eyes/weel	k until 50 obtained)
Donor age criteria			
Death to recovery / preservation tir	ne criteria		
Does sterile technique need to be n	naintained?	Yes No	
Are serologies required? Yes	No		
Other criteria			
Preservation method			

Note: All preservation solutions and materials must be provided by the researcher. If provided by Lions Gift of Sight, additional charges may apply.

Lions Gift of Sight

1000 Westgate Drive, Suite 260 • Saint Paul, MN 55114 Lab: 612-625-5159 • Fax: 612-625-4295