



Research Tissue Request Application

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

- Complete this form
- Attach a brief description of the research project and the purpose of the samples
- Attach the principal investigator's CV or biosketch
- Fax or e-mail the completed form to **Sung Lee, Research Coordinator**, at **612-625-4295** or **leex1878@umn.edu**.

Lions Gift of Sight will contact you regarding your request within two weeks of receipt. Direct questions to Sung at 612-626-2682.

Please print or type. Most fields are required.

Principal researcher's full name _____

Organization name _____

Are you affiliated with the University of Minnesota Department of Ophthalmology and Visual Neurosciences? Yes No

Name of research lab _____

Address of research lab _____

Other people or organizations involved in the study

Is the tissue going to be utilized by an academic or non-profit company? Yes No

Will the tissue be re-distributed to anyone else? Yes No

Is this an IRB study? Yes No IRB # _____

How will tissue processing fee be reimbursed? _____

Contact Information

Name _____

Phone _____

Shipping address:

Name _____

Organization _____

Address _____

Tissue Criteria and Preservation Information

Tissue type (check all that apply):

Corneas

Whole globes

Posterior globes

Other _____

Amount desired, how often, how long (e.g., 2 eyes/week until 50 obtained)?

Donor age criteria _____

Death to preservation time criteria _____

Are serologies required? Yes No

Other donor / medical criteria _____

Preservation method _____

Note: All preservation solutions and materials must be provided by the researcher.

Lions Gift of Sight

1000 Westgate Drive, Suite 260 • Saint Paul, MN 55114

612-626-2682 • Fax: 612-625-4295