



Name:  
Contact Info:

## External Research Request Form

1. Is there an age criteria? If Yes, please specify:

No      Yes

2. What type of tissue is needed and how many?

Posterior Pole      Cornea      WG      Pole/WG

3. Is there an applicable Death to Preservation Interval? If Yes, please specify:

No      Yes

4. What is the proper storage media? If different than moist chamber or Optisol GS, are you able to provide it?

Optisol GS      Moist Chamber      RNALater      4% Paraformaldehyde  
Other

5. Is there any special preparation needed for the tissue (i.e. slit for media preservation, pre-cut for DSAEK, etc.)?

No      Yes

6. Please specify any serology testing that is mandatory for this project.

7. Please list any special donor criteria for this project.

8. Please give a short summary of your project, including timeframe if applicable. Please fill out separate requests for experimental and control groups.

**SUBMIT**

This is a fill-able PDF form. Clicking the "SUBMIT" button will prompt your email client to send the completed form as an email attachment to NC Eye Bank.

**NCEB USE ONLY**

Project Approval

Yes

No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date