

Research Request Form

Date	Name		Email		
Organization				Phone	
Research Project: P	lease provide an o	verview of the resea	rch project		
What type of tissu	e is needed				
Whole Eye	Cornea	Posterior Pole	Conj	ınctiva	Lens
Other					
How many tissue do	you need?		Γimeline		
Is there an age requir	rement?				
Mhat is the acceptab	la Daath ta Bagaya	nwy/Dwasawyatian int	omral2 (Stando	and is 224 hours)	
What is the acceptab	ie Death to Recove	ery/Preservation int	ervais (Standa	iru is <24 nours)	
What is the required	storage media? If	different than mois	t chamber or (Ontisol GS, are vo	u able to provide it?)
vviiat is the required	storage media. II	different triali mois	e chamber of v	optisor do, are yo	u ubic to provide it.)
Is there any special p	reparation needed	for the tissue (i.e sl	it for preserva	tion media, frozer	n. precut)?
r			I		, r
Please specify any se	rologic tooting that	t is mandatowy for t	ha project		
riease specify any se	rologic testing that	t is mandatory for t	ne project.		
Please list any specia	l donor criteria for	r this project			
, 1		1 /			
What is the ideal dea	ath to receipt interv	val?			

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 Miracles In Sight.