



THE MARITIME BRAIN AND TISSUE BANK

5850 College Street
Sir Charles Tupper Building, Room 12E
Halifax, Nova Scotia B3H 1X5
Phone: 902-494-1551 Fax: 902-494-1212



Capital Health



TISSUE REQUEST FORM

NAME _____ TITLE _____

INSTITUTION _____ DEPT. _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ FAX _____

EMAIL _____

TITLE OF PROJECT _____

SOURCE OF FUNDING _____

CURRICULUM VITAE (PLEASE ATTACH)

ABSTRACT OF RESEARCH (PLEASE ATTACH)

ETHICS APPROVAL (PLEASE ATTACH)

Please provide a detailed outline of your tissue needs (attach separate sheet if necessary).

DIAGNOSIS _____ # OF CASES _____

BRAIN REGIONS _____

RESTRICTIONS
(AGE, SEX, PMI, etc.) _____

SPECIAL REQUIREMENTS _____