Andronowski Skeletal Collection for Histological Research (ASCHR): Research Request form

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| **Name**: |  | **Department/Institution**: |
|  |  |  |
| **Address:** |  | **City, Province/State, Country:** |
| **Zip/Postal Code:** |  | **Email:** |
| **Telephone:** |  | **Proposed Dates for Study/Loan:** |

Student (check one). If yes, please provide the name, contact information, and signature of your supervisor on page 3 and indicate your program status (e.g., undergraduate student, doctoral student/candidate):

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| --- | --- | --- |
| **□ YES** |  | **□ NO** |
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| **Description of materials requested:** |  |  |
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| **Research question and proposed objectives:** |  |  |
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| **Describe the proposed methodology:** |  |  |
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| **Why are these tissues critical for the proposed research?** |  |  |

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| **Is IRB approval required by your institution?** |  |  |
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| Does the proposed research require photographs?   |  |  |  | | --- | --- | --- | | **□ YES\*** |  | **□ NO** |   Does the proposed research require microscopic images?   |  |  |  | | --- | --- | --- | | **□ YES\*** |  | **□ NO** |   \*If yes to any of the above, please provide Dr. Andronowski with a copy of the images/datasets  at the conclusion of the research  **Researcher Information**: |  | Does the proposed research require radiographs?   |  |  |  | | --- | --- | --- | | **□ YES\*** |  | **□ NO** |   Does the proposed research require 3D imaging datasets (e.g., CT, micro-CT)?   |  |  |  | | --- | --- | --- | | **□ YES\*** |  | **□ NO** | |
|  |  |  |
| Name: |  | Program status, if student: |
|  |  |  |
|  |  |  |
| Signature: |  |  |
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| **Supervisor Information, if applicable**: |  |  |
|  |  |  |
| Name: |  | Title: |
|  |  |  |
| Department/Institution: |  | Phone: |
|  |  |  |
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| Signature |  |  |