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** |
|  |  |  |
| **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?

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| --- | --- | --- |
| **□ 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** |

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| Name:  |  | Program status, if student:  |
|  |  |  |
|  |  |  |
| Signature: |  |  |
|  |  |  |
|  |  |  |
| **Supervisor Information, if applicable**: |  |  |
|  |  |  |
| Name:  |  | Title:  |
|  |  |  |
| Department/Institution:  |  | Phone:  |
|  |  |  |
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|  |  |  |
| Signature |  |  |