

MINNESOTA LIONS EYE BANK
RESEARCH TISSUE REQUEST APPLICATION

Please complete this form in order for Minnesota Lions Eye Bank to assess your request for research tissue. **Fax or e-mail this completed form to Kathy Goode, Research Coordinator, at 612-626-1192 or jezx0001@umn.edu.**

The Minnesota Lions Eye Bank will contact you regarding this request within two weeks of receipt (usually sooner). Please direct questions to Kathy at 612-626-4863.

Attach:

- **A brief description of the purpose and approximate length of the research project**
- **The principal investigator's CV and credentials**

Please print.

Principle researcher's full name _____

Organization name _____

Are you affiliated with the Department of Ophthalmology, University of Minnesota? YES NO

Name and address of research lab _____

Other people or organizations involved in the study _____

Physical location where the studies or training will be done _____

Is the research tissue going to be utilized by a for profit company? YES NO

Will the tissue be re-distributed to anyone else? YES NO

Is this an IRB study? YES NO IRB # _____

How will tissue be paid for? _____

Desired start date: _____

Contact information of person who will be picking up the eye tissue:

Name _____ Phone _____

Pager _____

Cell _____

If unable to pick up in person, shipping address:

Name _____

Address _____

Tissue criteria and preservation information

Tissue type (circle all that apply): Corneas Whole globes Posterior globes

Other _____

Amount desired, how often, how long (e.g., 2 eyes/week until 50 obtained)? _____

Donor age criteria _____

Death to preservation time criteria _____

Does sterile technique need to be maintained? YES NO

Are serologies required? YES NO

Other criteria _____

Preservation method _____

Note: All preservation solutions and materials must be provided by the researcher.