

UW/VA Madison Brain Bank
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Tissue Request Form

IRB Protocol # _____

Date of IRB Approval or Exemption _____

Protocol Title _____

Principal Investigator _____

Other Key Personnel _____

Mailing Address _____

FedExAccount # _____

Email _____

Fax _____ Phone _____

Please attach the following documents to this tissue request form:

1. Project proposal, including a brief history, description of the project, and specific project aims
2. Preliminary data for the current project
3. Grants or other funding supporting research project (including dates issued)
4. Biographical sketch of all key personnel