CENTRE FOR BRAIN RESEARCH
THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau

# Neurological Foundation Human Brain Bank – University of Auckland, New Zealand

## TISSUE REQUEST FORM:

Name of requestor _____ Date: _____

Organisation/Institution _____ Department _____

Outline purpose of tissue request and aim of study: _____
_____
_____
_____
_____
_____
_____

What technique(s) do you plan to use? _____

**Please list disease(s) and criteria (*if required) in chart below:**
NB! If criteria* are too tight, available tissue will be limited!

| | | | | | | | | Specify which required: | |
|---|---|---|---|---|---|---|---|---|---|
| **Type of tissue[1]:** Fresh or FF or FFPE | **Disease(s)** List each separately. Add control (separately) if reqd. | **No. of cases** | **Age*** (range) | **Sex*** | **PMD*[2]** (max. hrs) | **Other** (e.g. grade) | **Brain Region(s)** | **Whole tissue** (amount in mg) | **Sections** (number & thickness) |
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[1] Fresh = fresh frozen; FF= formalin fixed; FFPE = formalin fixed paraffin embedded
[2] PMD = post-mortem delay

Provision of tissue is **dependent on tissue availability and approval by the directors.**

Please return completed Tissue Request form to:
Marika Eszes - Brain Bank Manager at brainbank@auckland.ac.nz
If approved, you will be asked to complete and sign a 'Conditions of Receipt' Form.