

UM/NPF BRAIN ENDOWMENT BANK™

University of Miami and the National Parkinson Foundation, Inc.
Department of Neurology, D4-5
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Phone (305) 243-6219/ Fax (305) 243-3649

NEUROPATHOLOGICAL TISSUE SPECIMENS REQUEST FORM

DATE OF REQUEST: _____

DESCRIPTION OF CASES (Diagnosis, i.e., non-neurological; Parkinson's, Alzheimer's. Etc.):

NUMBER OF CASES: _____

REGION(S) OF INTEREST: _____

AUTOLYSIS: (Range/Hours): _____

AGE (Range): _____

SPECIAL HANDLING/FIXATION (attach protocol if applicable): _____

DESCRIPTION OF RESEARCH STUDY: _____

SOURCE OF SUPPORT (PHS Number and Title): _____

DATES OF PROJECT PERIOD: _____

FORWARD TO

NAME: _____ **TITLE:** _____

ADDRESS: _____

CITY/ST/ZIP: _____

TEL./FAX () _____ () _____

E-MAIL: _____

FEDERAL EXPRESS BILLING NUMBER: _____

Please acknowledge in publications the UM/NPF Brain Endowment Bank™, which is funded by the National Parkinson Foundation, Inc., Miami, FL and other private donations.