Research Tissue Request Application

Thank you for your interest in working with Lions Gift of Sight to fulfill your ocular tissue research needs. In order for us to assess your request, please:

- Complete this form.
- Attach a brief description of the purpose and approximate length of the research project.
- Attach the principal investigator's CV or Biosketch.
- Fax or e-mail the completed form to **612-626-1192** or **LGS-research@umn.edu.**

Lions Gift of Sight will contact you regarding your request within one week of receipt. Direct questions to **Research Staff** at **LGS-research@umn.edu** or **612-626-2682.**

Print or fill in the information below.

Principle researcher's full name _____

Organization name _____

Are you affiliated with the Department of Ophthalmology and Visual Neurosciences, University of Minnesota? ◯ Yes ◉ No

Other people or organizations involved in the study:

Is the funding provided by a for-profit company? ◯ Yes ◯ No

Is this an IRB study? ◯ Yes ◯ No IRB # _____

Is Lions Gift of Sight an approved vendor in your financial system? ◯ Yes ◯ No
(If no, tissue collection will be on hold until setup is complete)

Accounts Payable Contact Name _____

Phone _____ Email _____

Email address to send invoices _____

Contact Information For Tissue Offers

Name _____

Phone _____ Email: _____

Shipping Address _____

Brief statement on how the tissues will be utilized in the study (attach additional documents, if necessary):

Tissue Criteria and Preservation Information

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

Other _____

Amount desired, frequency of offers, duration of study (e.g., 2 eyes/week until 50 obtained)

_____

Donor age criteria _____

Death to recovery / 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. If provided by Lions Gift of Sight, additional charges may apply.

Lions Gift of Sight
1000 Westgate Drive, Suite 260 • Saint Paul, MN 55114
Lab: 612-626-2682 • Fax: 612-626-1192.

Revised 11-9-20