

BIOBANK SAMPLE REQUEST FORM



Requester: _____

University/Organization _____

Lead Investigator _____ Email _____

Address _____ Phone _____

Research Project Name: _____

Research Project Description (including planned genomic work)

***Attach Research Proposal to this document.**

Duration of the project: Start _____ End _____

Are you applying for funding or grants depending on the availability of these samples? Y/ N

It is agreed that all samples are to be used only for the agreed upon research and will not be passed on to other parties without the WFA's expressed and written consent.

If the materials will be used in conjunction with other materials received from a third party, identify other materials and provider(s):

Publications resulting from the use of these materials will reflect that the Westie Foundation of America, Inc. was a collaborator.

If not funded through Canine Health Foundation (CHF), we request interim reports with results at the conclusion.

The cost of preparation and shipment of samples is the responsibility of the requesting party.

Size of Samples Requested _____

DNA Concentration required _____

of affected samples requested _____

of clear samples requested _____

The WFA does not warrant the integrity of the samples once the sample(s) have left the control of the WFA, nor does the WFA make any representation as to the recipient's intended use.

The researcher/institution agrees to reimburse the Westie Foundation of America, Inc. for any and all costs associated with the retrieval, preparation, and shipping of the requested samples plus a 10% administration fee. Payment will be due Net 20 from the Invoice Date.

Authorized Signature

Date

FOR INTERNAL USE BY BIOBANK STAFF ONLY:

Number of samples supplied:

Identification #'s of Samples:

Please return this form and any requested attachments to the Westie Foundation of America, Inc., Vice-President of Health at health@westiefoundation.org.

Request Approval: _____ Date: _____

Title: _____