

**APPLICATION FOR OBTAINING OCULAR TISSUE FOR RESEARCH**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Institution affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Retinal degenerative disease of research interest: \_\_\_\_\_

Name of person responsible for research: \_\_\_\_\_

Location where research is to be performed: \_\_\_\_\_

**Research Summary: Please write a detailed summary outlining the research purpose for which the tissue you are requesting will be used. Be sure to include the research purpose, methods, and any other relevant information (a research proposal or separate summary sheet may be used).**

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**Tissue Information**

*All tissue used for microscopy has been fixed in 4% paraformaldehyde with 0.1% glutaraldehyde.*

# of tissues needed: \_\_\_\_\_

What is your source for normal control tissue? \_\_\_\_\_  
(FFB does not provide control tissues, but it is required for studies of diseased tissue)

Specimen/Area of the Eye Desired: \_\_\_\_\_

*Note: Some eyes have previously been used for study; therefore, certain areas may not be available for each eye donation.*

Other Specifications: \_\_\_\_\_

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**Agreement Clause**

*I, \_\_\_\_\_, agree to acknowledge receipt of this eye tissue from the Foundation Fighting Blindness Eye Donor Program Histopathology Laboratory in any publications that may result from this research, and will notify the Foundation Fighting Blindness of any and all such publication(s). I also attest that tissue provided to me will NOT be used for purposes other than what has been described above, nor will it be distributed to other researchers for use.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_