

**Biobank**

**Phone: 0115 95 16563**

**Email:** **SV-Biobank@exmail.nottingham.ac.uk**

**BIOBANK TISSUE DONATION FORM**

Name ……………………………………. Clinic……………………….…………..

Phone………………………………… …. E-mail………………………………….

|  |
| --- |
| **Material or tissue:** |
| **Date of sample collection:****Species and signalment:****Size and number of samples:** **How have samples been stored:** |  |

I am donating the sample(s) to the Biobank at Nottingham Veterinary School, and do not expect their return.

Please sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And attach one printed copy to the sample(s) **and** e-mail this to

**SV-Biobank@exmail.nottingham.ac.uk**

SAMPLES WILL NOT BE COLLECTED AND PROCESSED WITHOUT THE SIGNATURE AND CONFIRMATION OF ALL OF THE ABOVE DETAILS.

THE UNIVERSITY ACCEPTS NO RESPONSIBILITY FOR THE COLLECTION, LOSS OR DAMAGE OF STORED SAMPLES