



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Paul L. Foster School of Medicine
Department of Psychiatry

Southwest Brain Bank Tissue Request Form

Name: _____

Department: _____

Institution: _____

Mailing Address: _____ Shipping Address: _____

Email: _____

Phone#: _____ Fax#: _____

Project Funding Source: _____

Tissue requested, including: brain region, amount, preservation method (frozen, fixed) etc.: _____

Subject Information:

Diagnoses	# of Subjects	Age Range	Sex	Ethnicity	PMI Range (hrs)

PLEASE ATTACH A BRIEF BACKGROUND OF THE PROJECT, A STATEMENT OF GOALS AND OBJECTIVES, AND THE EXPERIMENTAL DESIGN FOR USE OF THE TISSUE REQUESTED, AND EMAIL TO swbb.elp@ttuhsc.edu.