



Tissue Request Form

T (877)738-6555 | F (866)973-9585 | www.unitedtissue.org
 Phoenix, AZ | St. Petersburg, FL | Norman, OK

Requestor			
Today's Date:		Institution Address:	
Institution:			
Requestor Name:			
Phone #:		Institution Email*:	

Tissue Details/Use			
Date of Use:		Camera Usage:	Yes No
Ship to Arrive:	Embalmed Frozen Injected Partially Thawed Thawed		
Requested Tissue Type and Quantity:			
Requested Tissue Criteria/Special Instructions:			
Scans Required:	Yes No	(Pre Post CT MRI X-Ray Dexa)	
Donor/Scans Pre-Approval:	Yes No	If Yes, extra fees apply	
Equipment Rental:	Yes No		
List if Yes:			

Detailed Description of Use of Tissue (i.e. describe procedures, course, etc.): (attach additional pages as needed)
 *Please include any promotional material that is being used for this course, if applicable.

Description of Venue and Security Measures Used for Maintaining the Custody of Human Tissue, Before, During, and After use: (attach additional pages as needed) Must be lockable with restricted private access. Must have appropriate signage.

Shipping Information			
Shipping Address: Same as above		Arrival Date/Time:	
		Ship to Attention:	
		Phone #:	
Special Shipping Instructions:			
Email*:			

*This email is where Donor medical/social histories and serology results will be sent. Include everyone who will require a copy.

Billing Information			
Billing Address: Same as Institution Same as Shipping		Bill to Attention:	
		Phone #:	
		E-Mail Address:	

Tissue Disposition			
Will tissue be returned to UTN?	Yes	No	Pickup Date/Time:
<i>If you will not be returning tissue to UTN, please complete the following information.</i>			
Name & Address of Disposition Facility:		Contact Name:	
		Phone #:	
		Disposition Method:	Cremation Incineration
		Disposition Date:	

Authorization			
Applicant			
By signing below you agree, on behalf of the requesting institution, that the information listed above is correct and accurate. You also agree that the institution will adhere to the details outlined in the executed Anatomical Material Transfer Agreement.			
Authorized Signature:		Date:	
Printed Name:		Title:	
United Tissue Network			
Authorized Signature:		Date:	
Printed Name:		Order #:	