**Museum of Southwestern Biology**

**Division of Genomic Resources**

**Supplemental Loan Form**

In order to have your loan application processed, you must submit a formal loan request to the appropriate curator of the division of the MSB as specified on the website, along with this form.

Please fill out the requested information below and copy the MSB DGR collection manager at [msbdgr@unm.edu](mailto:msbdgr@unm.edu).

1. Material requested. Please provide a list of a) MSB catalog numbers in the following GUID format: MSB:Mamm:12345; MSB:Bird:12345, MSB:Herp:12345, MSB:Fish:12345, or MSB:Para:12345, b) taxon name, c) locality (if specified), d) additional identifier(s), (e.g. NK number). For large requests please provide an attached Excel Spreadsheet with request details.

2. Indicate Preferred:

1. Tissue type:\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Alternate tissue type(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Acceptable tissue preservation: (circle all that apply):

Frozen: LN2 -80C -20C

Ethanol: 95% EtOH 70% EtOH

RNAlater Dry Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Sample quality requirements\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The requested mass of tissue or amount of aliquot\*\*: \_\_\_\_\_\_\_\_\_\_\_\_
3. Ship samples (circle one): 1) on dry ice 2) in 95% EtOH 3) in RNAlater

4) room temp 5) other:\_\_\_\_\_\_\_\_\_\_\_

**\* Sample quality is not quantitatively assessed in DGR. The researcher accepts responsibility for verifying sample quality fit for purpose.**

**\*\*As these are destructive loans, please request the minimal mass/volume of sample required.**

Shipping Address (Fedex preferred):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shipping contact name, email, phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Recipient’s Fedex account number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate shipping account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shipping Service (check one):

Priority Overnight \_\_ 2-Day \_\_\_ Ground \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Comments or Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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