# Application form for tissue sampling

#### Name/address/title/e-mail of corresponding curator at the Göteborg natural history museum

### Name/address/title/e-mail of applicant

### Name/address/title/e-mail av project leader

### Name/e-mail of co-applicant

### Name/address of institution

### Date

Project title.

Organism group.

Number of desired samples.

Type of analysis.

Desired amount/volume of material.

Time plan/schedule for the project.

Name of other institution involved in the project (if applicable).

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**Göteborg Natural History Museum requirements for allowance to take samples**:

* The samples are only allowed to be used for the purpose stated in the application, for any other use a new application is required.
* The museum should be noted of published analysis results as soon as possible, and the publication sent to the museum (att. Curator) in print, pdf or as link to Open Access.
* One copy (data file) of any photo taken of the material.
* The corresponding curator should be informed if any irregularities in the collection are observed, such as for example misidentification or pest attacks.

Project description

#### Date

#### Signature by applicant Signature by curator

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Name in block letters Name in block letters

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