

SAM NOBLE OKLAHOMA MUSEUM OF NATURAL HISTORY  
SAMPLING REQUEST

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Institutional Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Research Project Summary

(attach additional pages as needed)

Project objective (purpose of analysis) and potential scientific merit:

Time frame of study and date for return of unused portions of samples, products, extracts, etc:

Project protocols and methods. Specify if destructive or non-destructive. First-time users and requests involving new, novel, or experimental methods should provide results from pilot research:

Qualifications of applicant (if student, please provide contact information for advisor and letter of support):

Funds in the amount of \$ \_\_\_\_\_ are available for this research.

Explanation for request of SNOMNH material, including justification of the quantity of material requested:

Type of sample requested:

Catalog Number	Taxonomic Name or Description	Type of material	No. of samples	Sample size or wt.

Preferred method of shipping:

Other: \_\_\_\_\_

Account number and information for shipping expenses:

\_\_\_\_\_  
Copies of USDA, CITES Institutional or other appropriate permits (attach if applicable)

Location where will the analysis is to be performed:

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature of Applicant

Date

Request Approved:	Denied:	Date:
Name of Curator	Signature	Title
Approved by (for the Sam Noble Oklahoma Museum of Natural History)		
Photographic documentation required:	Yes	No