



REQUEST FOR BIOSPECIMEN AVAILABILITY

Principal Investigator's Name: _____

Telephone: (____) _____ **Email:** _____

Affiliation: UW-Madison: School/Department _____

- Faculty
- Academic staff

Health Department / County _____

Other: _____

TYPE OF SAMPLE:

- PLASMA
- SERUM
- URINE
- DNA

Please describe specific criteria for biospecimen:

Send to: researchers@show.wisc.edu