Supplementary Tissue Request Form

**Please note: This form is for applying for the use of supplementary tissue as described in your original tissue request. If you plan on using this tissue for a different study you will need to reapply under a new tissue request.**

To enable Portuguese Brain Bank to consider the release of further tissue for use in your project, please complete the form below:

**Tissue Request Number –**

**Name and contact details –**

**Details of extra tissue requested (number of cases, amount, tissue state etc)**

**Reasons for requesting further tissue**

Please return the completed form to [ptbrainbank@chporto.min-saude.pt](mailto:ptbrainbank@chporto.min-saude.pt)

If the request is considered appropriate, Portuguese Brain Bank will despatch further tissues as soon as possible.

If you have any queries regarding this form please contact either:

Prof. Dr. Ricardo Taipa – [rtaipa.neuropat@chporto.min-saude.pt](mailto:rtaipa.neuropat@chporto.min-saude.pt)

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