



**Placental Malaria Histology Reference Slide Set
Request & Proposed Use Form**

This is page 1 of a two page form

Applicant Name:

Institution:

BEI Resources Registration Number:

Location and Address of Proposed Use/Training Site:

Title of Training Project or Course (optional):

1. Exact length of time and/or projected start and end date that slides will be needed:
***IMPORTANT – slides must be returned to MR4 within 2 weeks of proposed use period**

2. Brief background of Proposed Use (e.g. training in endemic region, clinical need)

3. Proposed Use (Specify instructors/physicians, course title (if relevant), number and occupation of trainees and any other relevant information)

4. Expected outcome and significance to trainees



SHORT BIOGRAPHICAL SKETCH			
This is page 2 of a two page form			
Applicant Name:		Institution:	
POSITIONS / EDUCATION (<i>Begin with current position</i>)			
INSTITUTION AND LOCATION	POSITION/ DEGREE	From	To

5. Instructor's or requestor's biosketch (attach or use above) and other background - list qualifications, relevant citations or special training.

6. **Financial support.** Please briefly indicate sources of financial support you currently hold for research or medicine, if any (e.g. grant, study or training title, source/funding agency)

7. Do you agree to return the microscopy slide set within two weeks of the stated end date of the proposed use period, and to recognize MR4 in any publication or study resulting from the use of these slides?

YES / NO

Submit completed form to MR4/ATCC via
Email: malaria@atcc.org
Fax: 703-365-2774
Mail : MR4/ATCC
10801 University Blvd.
Manassas, VA 20110

Phone Inquiries: 703-365-2765 Web: <http://www.mr4.org>