



**Hydas Blood Smear Diagnostic Malaria Training Slide Set
Request & Proposed Use Form**

This is page 1 of a two page form

Applicant Name	Institution
MR4 Registration Number:	Expiration date:
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			
NAME		INSTITUTION	
POSITIONS / EDUCATION (Begin with current position)* This box required for new MR4 Registrants/applicants only, to expedite review			
INSTITUTION AND LOCATION	POSITION/ DEGREE	From	To

*This form does not register you with the MR4 program. You must register separately prior to requesting training slides. Please ensure your MR4 registration address is current.

5. Instructor's or requestor's biosketch (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. Number of microscopy slide sets requested for training period (50 bar coded/key enumerated slides per set; maximum 2 sets per registered investigator).

1 2

8. Do you agree to return the Hydas microscopy slides 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 laboratory

ATCC

10801 University Blvd.

Manassas, VA 20110

Phone Inquiries: 703-365-2765

Web: <http://www.malaria.mr4.org/>