

UNIVERSITY OF ARKANSAS HERBARIUM (UARK)

Destructive Sampling Request Form

Date: _____

Name: _____ Title: _____

Institution: _____

Address: _____

Email: _____ Phone: _____

If the requester is a student, list the name and contact information of the advisor who will be responsible for the loan and will oversee the destructive sampling of requested specimens.

Name: _____ Title: _____

Institution: _____

Address: _____

Email: _____ Phone: _____

Purpose of the proposed research:

Specimens requested (list on separate sheet if necessary):

Amount and type of tissue to be removed from specimens:

Were alternative sources for the material explored? Please describe:

Please submit this completed form to Jennifer Ogle at jogle@uark.edu or mail to:
University of Arkansas Herbarium, Department of Biological Sciences, SCEN 601
University of Arkansas, Fayetteville, AR 72701