**APPLICATION TO OBTAIN SPECIMENS FROM OFFICIAL ESTABLISHMENTS**

**REQUESTER INFORMATION**

1. NAME: 
2. ORGANIZATION: 
3. DATE: 

4. TELEPHONE NUMBER:  
5. ADDRESS:  

6. FAX NUMBER: 

**ESTABLISHMENT(S) WHERE SPECIMENS ARE TO BE OBTAINED**

7. NAME: 
8. CITY: 

The above applicant desires the following specimens of diseased, condemned, or inedible material, including embryos and specimens of animal or poultry parasites described below. Consent of the official establishment has been obtained by the applicant to remove specimens. 

9. KIND AND AMOUNT OF MATERIAL DESIRED:

10. INDICATE PURPOSE OF COLLECTING SPECIMENS:
- [ ] Education  
- [ ] Research  
- [ ] Pharmaceutical  
- [ ] Experimental  
- [ ] Other *(Specify)* 

11. DESCRIBE USE TO BE MADE OF SPECIMENS:

The applicant agrees that the collection and handling of this material shall be at such time and place and in such a manner as not to interfere with the inspection of to cause any objectionable condition. 

12. APPLICANT'S SIGNATURE:  
13. APPLICANT'S TITLE:  
14. DATE: 

MPIS Form 5f