Destructive Sampling Request

Researcher ________________________________________________________________

Institution ________________________________________________________________

☐ I have read and agree to the conditions of MELU Destructive Sampling Policy

Signature ___________________________________________ Date ______________

Supervisor/Faculty Adviser (if researcher is a student) __________________________________

Signature ___________________________________________ Date ______________

Project outline (include project title, what efforts have been made to obtain fresh material, what and how much material will be removed (e.g. one flower, 20 mg leaf material), evidence of well-developed protocols for DNA extraction, where appropriate.)

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Taxa or list of specimens to be sampled (attach list if necessary)

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Please complete and return this agreement as a scanned PDF

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