



UNIVERSITY OF MELBOURNE HERBARIUM (MELU)
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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.)

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

Please complete and return this agreement as a scanned PDF

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|----------------------|-------|
| MELU use only | |
| Approved by: | Date: |