

<p>SCHISTOSOMES Requisition for Research Materials</p>		<p>NIH OFFICE USE ONLY Transaction Number: <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/></p>	
<p>Send To (Name and complete Mailing Address):</p> <p>E-mail: <input style="width:100px;" type="text"/></p> <p>Phone: <input style="width:100px;" type="text"/> Fax: <input style="width:100px;" type="text"/></p>		<p>INSTRUCTIONS:* *Make a copy of the signed form for your records. Return the original copy to:</p> <p>Dorothy McGowan PIPB, DMID, NIAID, NIH 6610 Rockledge Drive Bethesda, MD 20892-6603 E-Mail: dmcgowan@niaid.nih.gov</p>	
<p>Principal Investigator (Name and Address):</p> <p>E-mail: <input style="width:100px;" type="text"/></p> <p>Phone: <input style="width:100px;" type="text"/> Fax: <input style="width:100px;" type="text"/></p>		<p>Approved By: NIAID Project Officer</p>	<p>Granting Agency: NIAID</p>
		<p>Date of Request: <input style="width:100%; height:30px;" type="text"/></p>	
<p><i>Schistosoma haematobium</i></p> <p><u>Quantity needed</u></p> <p><input type="checkbox"/> Unexp. <i>B. truncatus truncatus</i></p> <p><input type="checkbox"/> Exp. <i>B. truncatus truncatus/ S. haematobium</i> (annual limit-500 Egyptian strain)</p> <p><i>Schistosoma japonicum</i></p> <p><u>Quantity needed</u></p> <p><input type="checkbox"/> Unexp. <i>Oncamelania hupensis quadrasi</i></p> <p><input type="checkbox"/> Exp. <i>O.h. quadrasi/ Schistosoma japonicum</i> (annual limit-500 Philippine strain)</p> <p><input type="checkbox"/> Unexp. <i>O. hupensis hupensis</i></p> <p><input type="checkbox"/> Exp. <i>O. hupensis/ S japonicum</i> (annual limit-500 Chinese strain)</p>	<p><i>Schistosoma mansoni</i></p> <p><u>Quantity needed</u></p> <p><input type="checkbox"/> Unexp. <i>Biomphalaria glabrata</i></p> <p><input type="checkbox"/> Exp. <i>B. glabrata / S. mansoni</i> (annual limit 3000)</p> <p><u>Schistosome Exposed Animals</u></p> <p>Note: annual limit per investigator 100 exposed hamsters 250 exposed mice</p> <p><u>Quantity needed</u></p> <p><input type="checkbox"/> <i>S. mansoni</i> – exposed mice or hamsters Dose <input style="width:100px;" type="text"/></p> <p><input type="checkbox"/> <i>S. haematobium</i>- exposed Hamsters Dose <input style="width:100px;" type="text"/></p> <p><input type="checkbox"/> <i>S. japonicum</i>- exposed mice Dose <input style="width:100px;" type="text"/></p>	<p><u>Frequency of shipments</u></p> <hr/> <p style="text-align: center;"><u>Remarks</u></p>	
<p>Shipper Preference: <input style="width:200px;" type="text"/></p> <p>Shipper Account #: <input style="width:200px;" type="text"/></p>		<p>Billing address (If different from above):</p>	