

**KEYS MARINE LABORATORY  
SPECIMEN COLLECTION REQUEST**

This form will be used by the Keys Marine Laboratory board to review requests for scientific collecting requests.. Please be as descriptive and thorough as possible in completing this form. Please forward the completed form to the Keys Marine Laboratory, P.O. Box 968, Layton/Long Key, Florida 33001 or fax to (305) 664-0850. If you have any questions please contact Lisa Tipsword or any other staff members of the lab at (305) 664-9101 or fax (305) 664-0850.

NAME: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_  
(not a PO Box)

\_\_\_\_\_  
City State Zip

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PREFERRED DATE FOR RECIEPT: \_\_\_\_\_ (YOU MUST SPECIFY, A.S.A.P. IS NOT SPECIFIC!)

MOST CONVENIENT AIRPORT (IF PLANNING AIR SHIPMENTS): \_\_\_\_\_ OR

FED EX ACCOUNT #: (cannot ship without this) \_\_\_\_\_

BRIEF DESCRIPTION OF PROJECT: (Please describe what species and quantity and what you hope to learn from these specimens or include the abstract from your proposal ):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMIT REQUIREMENTS: If the harvest of the species you desire is regulated, you MUST obtain a scientific collecting permit from the State of Florida. Contact Lisa Gregg at 1-850-488-6058 x210

SPECIAL INSTRUCTIONS (special collecting, holding or shipping needs): \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_

**BILLING INSTRUCTIONS: YOU MUST CHECK ONE AND PRINT BILLING ADDRESS**

\*\*\*PLEASE NOTE --- MAKE ALL CHECKS PAYABLE TO USF/FIO\*\*\*

Bill my institution \_\_\_\_\_ Bill me personally \_\_\_\_\_ Other \_\_\_\_\_

Billing Address: \_\_\_\_\_ NOTE: (will use shipping address if none listed here)

(if different from shipping) \_\_\_\_\_

\_\_\_\_\_ Tax Certificate # \_\_\_\_\_

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