**Destructive Sampling Application**

*Please fill the grey fields.*

|  |
| --- |
| Researcher *(Full name, affiliation and e-mail)*: |
|  |
| Material description *(ZPAL catalogue numbers required)*: |
|  |
| Provide the purpose of the research and its scientific merit:*(Include the following information: why the chosen protocol is the least intrusive method possible, why the specimens in question are essential to the study, evidence of the Researcher’s competence in using the indicated technique)* |
|  |
| Methods and materials to be employed *(resins, coating, sectioning, etc.)*: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Permission to perform destructive sampling granted by: |  |
| Limitations and conditions placed on the disposition of material *(including approved methods, the return of unused samples, SEM stubs, thin sections, etc.)*: |
|  |
| Researcher agrees to provide IPal PAS a pdf of publication in which the studied material is cited. |
| Signatures: |  |  |
| *Collections Manager* | *Researcher* |