

**Request for Donor Packet:**

Please fill out this form in order for us to mail you a Donor Packet that will include some background information about the University of Illinois at Chicago MS Tissue Repository and the attached Donor Forms.

Please fax, mail or e-mail us the form at:

University of Illinois at Chicago MS Tissue Repository  
Dept. of Neurology and Microbiology-Immunology  
835 S. Wolcott (E-704 MSB)  
Chicago, IL 60612-7344  
Fax No. (312) 355- 3581  
E-mail: [uicmsbank@gmail.com](mailto:uicmsbank@gmail.com)

Please call us with any questions or concerns at: (312) 996-5763  
Emergency 24 Hour pager: (312) 996-2242, page 2947

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sex: Male Female Diagnosis:

Comments: \_\_\_\_\_  
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