

This form is to designate a representative of the sample owner who can make requests on behalf of the owner via iLab. This form will also allow the owner to name a department contact so that the Freezer Farm has another contact in the event we need to contact someone in regards to the samples. The designated representative can be the department contact, however, we recommend using different people. The Designated Representative should have access to financial information for the project as they will be the person the iLab billing requests will be sent to. These contacts will need to be confirmed every year. If there are any changes before the annual update please contact the Freezer Farm ASAP.

Project Name & IRB #:

Designated Representative

Name:

Email

Phone:

Preferred contact method: Email/Phone

Department Contact

Name:

Email:

Phone:

Preferred contact method: Email/Phone

I, as the rightful/legal owner of the samples, approve the above designated representative to make requests on my behalf to add more samples to storage or pull samples from the collection.

Name:

Date:

I agree that in the event the Freezer Farm needs to contact someone in regards to the samples, they may contact the above named department contact or designated representative in the event that I am unavailable.

Name:

Date:
