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DATE

REQUESTOR FIRST NAME:  LAST NAME:

POSITION:  EMAIL:

INSTITUTION:  ADVISOR:

***SPECIMENS REQUESTED*** (for requests fewer than 5 lots you may list USNM numbers and species names separated by commas. For larger requests please prepare an excel file.)

***REQUEST TYPE***  Photo only  X-ray only  Photo & X-ray

***VIEWS & BACKGROUND REQUESTED*** (e.g., whole body lateral, black background; close-up head lateral, white background).

***PHOTO QUALITY***  High (publication quality)  Med (phone camera quality, e.g.)

***ADDITIONAL REQUESTS / COMMENTS / INSTRUCTIONS***