

JoVE Participant Release Form

All participants in a JoVE filming who are not listed authors on the project manuscript, such as lab/graduate assistants or patients must fill out this form.

Participant Name: Dr. Bushra Amin

Project Title: Enhanced Sample Multiplexing of Tissues using Combined Precursor Isotopic Labeling and Isobaric Tagging (cPILOT)

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at Dept. of Chem., Univ. of Pittsburgh on 01/20/2017  
(Recording Location) (Date)

By: Aaron Kolski-Andreaco  
(Producer)

For: The Journal of Visualized Experiments (JoVE)  
(Producing Organization)

Participant Signature 

Address 125 Eberly Hall, Dept. of Chem., Univ. of Pittsburgh City Pittsburgh

State PA Zip code 15260

Date: 01 / 25 / 2017

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian \_\_\_\_\_  
(Signature) (Printed name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_