**Rangos Animal Imaging Core Service Request Form**

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| --- | --- |
| PI Name |  |
| PI Email |  |
| PI Department |  |
| Lab location |  |
| Person requesting |  |
| Contact person |  |
| Contact email |  |
| Contact phone |  |
| Grant Title |  |
| Granting Agency |  |
| Account number |  |
| Person for charging |  |
| **Imaging to be carried out** | |
| In vivo or ex vivo? | In vivo Ex vivo |
| Imaging modality  (circle all apply) | IVIS CT SPECT PET MRI Microinjection  Ultrasound: Vega Vevo770 Philips |
| Animal/sample  type |  |
| Organ/tissue of interest |  |
| Animal/sample numbers |  |
| IACUC # (if applicable) |  |
| Data Analysis?  (please indicate) |  |
| Project Description: | |
| PI Signature: Date: | |