



MicroPET–MRI Laboratory Service Request Form

Department of Diagnostic Radiology
The University of Hong Kong
LG3-12, The Hong Kong Jockey Club Building for Interdisciplinary Research,
5 Sassoon Road, Pokfulam, Hong Kong
Email: kvtan@hku.hk Tel: (852) 2831 5010

(I) Proposed Imaging Studies (Brief Description):

(II) Principal Investigator Information:

Title: _____ First Name: _____ Last Name: _____

Department/Centre: _____

University/Institute: _____

Office Address: _____

Email Address: _____ Phone Number: _____

Account Number (*for charges*): _____

Funding Sources: _____

Co-Investigators (*Please list out all Co-I involved in this project*): _____

(III) Primary Contact Information:

Title/Position: _____ First Name: _____ Last Name: _____

Department/Centre: _____

University/Institute: _____

Email: _____ Phone Number: _____

(IV) Animal Research Ethics Approval:

Animal Ordinance: Yes (*Please attach the relevant documents*) No

Approval from CULATR: Yes (*Please attach the relevant documents*) No

CULATR Number: _____ CULATR Expiry Date: _____

Experimental Information

[Check all that apply]

ACUTE Imaging Study <input type="checkbox"/>	CHRONIC Imaging Study <input type="checkbox"/>
First time imaging experiment of this type has been approved and performed <input type="checkbox"/>	Imaging experiment of this type has been <u>previously</u> approved and performed <input type="checkbox"/>
Imaging Modality: MRI <input type="checkbox"/> PET <input type="checkbox"/>	Scan Type: Static <input type="checkbox"/> Dynamic <input type="checkbox"/>
Duration of Study (weeks)	<i>(If unsure, please discuss with lab member)</i>
Frequency of Study (days/week)	<i>(If unsure, please discuss with lab member)</i>
Special Request <i>(Please specify if you wish to apply your own protocols or scanning parameters for imaging experiment of this type)</i>	
Anesthesia <i>(Select the appropriate)</i> 1. Isoflurane <input type="checkbox"/> 2. Ketamine/Xylazine <input type="checkbox"/> 3. Phenobarbital <input type="checkbox"/> 4. Others <i>(Please provide information on the right)</i> <input type="checkbox"/>	Drug –
	Concentration –
	Volume –
	Injection Time –
Use of Contrast Agent: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide information on the right</i>	Contrast Agent –
	Concentration –
	Volume –
Use of Radiotracer: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide information on the right</i>	Radiotracer –
	Dose/Activity –
	Volume –

Animal Information

[Check all that apply]

Animal Species	Mouse <input type="checkbox"/>	Rat <input type="checkbox"/>
Strain	1. 2. 3. 4. (Please describe the animal model)	
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Description of Animals. <i>(Please specify Animal ID, Weight [grams], Sex [male/female] and Age [weeks] for imaging studies)</i>	1. 2. 3. 4. 5. 6.	
Special Request <i>(Please specify if any treatment/procedure the animals have undergone or required prior to or after imaging):</i>		
Post-Imaging Housing of Animals: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please specify if any procedures are required on the right</i>	<u>Before</u> procedure	<u>After</u> procedure
Animal Euthanasia: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide information on the right</i>	Method of Euthanasia: 1. Dorminal Overdose <input type="checkbox"/> 2. Decapitation under anesthesia <input type="checkbox"/> 3. Cervical Dislocation <input type="checkbox"/> 4. Others <i>(Please specify)</i> <input type="checkbox"/>	
	Carcass Disposal by: MicroPET–MRI lab <input type="checkbox"/> PI <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Person responsible for transporting animals from microPET–MRI Laboratory to LAU	Name –	
	Phone Number –	
	Email –	

Note:

1. Please return the completed Service Request Form (with signature and necessary information) via email to kvtan@hku.hk or in person to microPET–MRI Laboratory (LG3-12 HKJCBIR, 5 Sassoon Road).
2. It is the responsibility of the PI and primary contact receiving a service to ensure that he/she has the relevant animal research ethnics approval e.g. CULATR and animals to be studied are ready prior to initiation of any imaging experiments. **Please submit the relevant Animal Ordinance (approval letter) and CULATR approval information (original protocol and approval letter) together with this form.**
3. The PI and primary contact receiving a service acknowledge that he/she has read, understood and accepted the terms of service as set out in the Usage Policies and Guidelines Form upon returning the completed Service Request Form to microPET–MRI Laboratory.

Agreed and Endorsed by (Project PI and Head of Department):

Principal Investigator: Signature: Head of Department: Signature:

Date: _____

Date: _____

MicroPET–MRI Laboratory Use Only	
Experiments Starting Time/Date	
Experiments Ending Time/Date	
Total Scan Time	
Total Number of Animals	
Remarks:	

Primary Contact Name and Signature:

Staff Name and Signature:

Date: _____

Date: _____