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: fanshj08@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  No
Approval from CULATR:  Yes  No
CULATR Number:  CULATR Expiry Date:
**Experimental Information**  
*Check all that apply*

<table>
<thead>
<tr>
<th>ACUTE Imaging Study</th>
<th>CHRONIC Imaging Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>First time imaging experiment of this type has been approved and performed</td>
<td>Imaging experiment of this type has been previously approved and performed</td>
</tr>
</tbody>
</table>

**Imaging Modality:**
- MRI
- PET

**Scan Type:**
- Static
- Dynamic

**Duration of Study (weeks)**<br>*(If unsure, please discuss with lab member)*

**Frequency of Study (days/week)**<br>*(If unsure, please discuss with lab member)*

**Special Request** *(Please specify if you wish to apply your own protocols or scanning parameters for imaging experiment of this type)*

**Anesthesia (Select the appropriate)**
1. Isoflurane
2. Ketamine/Xylazine
3. Phenobarbital
4. Others *(Please provide information on the right)*

**Drug**
- Concentration
- Volume
- Injection Time

**Use of Contrast Agent:**
- Yes
- No

*If yes, please provide information on the right*

**Contrast Agent**
- Concentration
- Volume

**Use of Radiotracer:**
- Yes
- No

*If yes, please provide information on the right*

**Radiotracer**
- Dose/Activity
- Volume
### Animal Information

**[Check all that apply]**

<table>
<thead>
<tr>
<th>Animal Species</th>
<th>Mouse □</th>
<th>Rat □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>4.</td>
</tr>
</tbody>
</table>

(Please describe the animal model)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male □</th>
<th>Female □</th>
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</thead>
</table>

**Description of Animals.**  
*(Please specify Animal ID, Weight [grams], Sex [male/female] and Age [weeks] for imaging studies)*

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
</tr>
</thead>
</table>

**Special Request (Please specify if any treatment/procedure the animals have undergone or required prior to or after imaging):**

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**Post-Imaging Housing of Animals:**

<table>
<thead>
<tr>
<th></th>
<th>Before procedure</th>
<th>After procedure</th>
</tr>
</thead>
</table>

**Animal Euthanasia:**

<table>
<thead>
<tr>
<th></th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
</table>

*If yes, please specify if any procedures are required on the right*

**Method of Euthanasia:**

1. Dorminal Overdose □
2. Decapitation under anesthesia □
3. Cervical Dislocation □
4. Others *(Please specify)* □

**Carcass Disposal by:**

MicroPET–MRI lab □  PI □  Not Applicable □

**Person responsible for transporting animals from microPET–MRI Laboratory to LAU**

<table>
<thead>
<tr>
<th>Name –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number –</td>
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<tr>
<td>Email –</td>
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</table>
Note:
1. Please return the completed Service Request Form (with signature and necessary information) via email to fanshj08@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 ethics 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):

<table>
<thead>
<tr>
<th>Principal Investigator:</th>
<th>Signature:</th>
<th>Head of Department:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: _________________</td>
<td></td>
<td>Date: ______________</td>
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**MicroPET–MRI Laboratory Use Only**

<table>
<thead>
<tr>
<th>Experiments Starting Time/Date</th>
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<tbody>
<tr>
<td>Experiments Ending Time/Date</td>
</tr>
<tr>
<td>Total Scan Time</td>
</tr>
<tr>
<td>Total Number of Animals</td>
</tr>
<tr>
<td>Remarks:</td>
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<table>
<thead>
<tr>
<th>Primary Contact Name and Signature:</th>
<th>Staff Name and Signature:</th>
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<tr>
<td>Date: _______________</td>
<td>Date: _______________</td>
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