

 Universitätsklinikum Essen	Imaging Center Essen IMCES	Central Animal Laboratory ZTL
	Tel: 6042/6012 Imces-support@uk-essen.de	Tel: 4655/83364

IMCES/ZTL: Animal Imaging Application Form (internal)

Applicant details	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Prof
Surname:	
Forename:	
	<input type="checkbox"/> Universitätsklinikum Essen <input type="checkbox"/> Universität Duisburg-Essen
Institute/Clinic:	
Department:	
Room:	
Phone number:	
Email:	

Project leader Details*		<input type="checkbox"/> same as above
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Prof	
Surname:		
Forename:		
	<input type="checkbox"/> Universitätsklinikum Essen <input type="checkbox"/> Universität Duisburg-Essen	
Institute/Clinic:		
Department:		
Room:		
Phone number:		
Email:		

* The person who pays for the training and instrument use.

Animal Details	
Animal species, strain:	
Animal facility, room (origin):	
Animal room location in MFZ- animal facility:	
Hygiene level:	<input type="checkbox"/> green <input type="checkbox"/> yellow <input type="checkbox"/> red

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Project details	
TSG number:	
Use of infectious agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk level:	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Bio1 <input type="checkbox"/> Bio2 <input type="checkbox"/> other: _____
If yes to 'use of Infectious agents', please state infectious agents used and risk assessment for human and/or mice:	
IMCES instrument (s) used:	
In Vivo imaging mode*:	<input type="checkbox"/> Terminal <input type="checkbox"/> Serial/longitudinal

* With terminal imaging animals are destroyed immediately after imaging session. For serial/longitudinal imaging animals will be repeatedly imaged and returned to the animal facility after each imaging session.

Date,

Applicant signature

Date,

MFZ Animal Facility signature

Date,

IMCES signature