

BioImaging

Service Request – Short Proposal

This form must be filled out electronically or with capital letters.

PERSONAL DATA	
Institution:	
Group:	
Principal Investigator:	
Mailing address:	
Names of all individuals involved on this proposal (name / email address):	

SELECT THE EQUIPMENT YOU ARE PLANNING TO USE WITHIN THE PROPOSAL:		
Equipment:	YES	NO
Vevo® F2 LAZR-X Photoacoustic Imaging		
MRI BioSpec 3T		
Intravital Microscope		(to be opened by the end 2024)

SAMPLES TYPE:		
	YES	NO
Are you planning to use animals?		
Are you planning to use biological samples?		
Are you planning to perform in-vitro experiments?		

Please, give more information about the animal, biological sample and/or in-vitro experiment and the number of samples you want to inspect:

ANIMAL EXPERIMENTATION (only to fill in case of working with animals):			
	YES	NO	Identification number
Animal experimentation accreditation up to date/ individual involved on this proposal:			
Animal experimentation project authorized:			
Procedures with the selected equipment must be included in the project and authorized:			

SUMMARY OF THE PROPOSED STUDY (general description):

PROPOSED STUDY:
Background of the study; questions addressed; description of the proposed experiment and expected outcomes. Describe the number and type of animals that you intend to use, and also the estimated period for the use of the selected equip (days /months).

Please note, that any time you want to carry out experiments in the scope of another project that hasn't been communicated to BioImaging Facility before, it is mandatory to present another Short Proposal, to be evaluated by the BioImaging Advisory Board.

TERMS AND CONDITIONS:

Accepting this document implies that:

1. - The user has read the documentation related to the rules and conditions of use of the BioImaging – BioModule. Includes PCB Animal Facility documentation.
2. – The Group Leader is responsible for ensuring that the User is properly trained and monitored to use the facility.
3. - Violation of these rules will result in the loss of rights of use of the BioImaging Facility.

SIGNATURE / DATE