



Study Registration Form (μ PET/SPECT/CT Scanner)

Please complete the form and e-mail to Elahe Alizadeh (elahe.alizadeh@queensu.ca). For more information on the facility and the current rates, please contact Elahe Alizadeh or QCPU's facility manager, Brooke Ring (ringb@queensu.ca).

STUDY REGISTRATION		
Date:	<input type="checkbox"/> New Project	<input type="checkbox"/> Renewal
Project Title:		
PI	Name:	Organization/Dept.:
	E-mail:	Phone:
	Address:	
Participants	Name/Title:	E-mail:
	Name/Title:	E-mail:
PROJECT DESCRIPTION		
Brief description of the project and the expectations on imaging data / results (3-4 lines):		
Imaging Modality:	<input type="checkbox"/> CT	<input type="checkbox"/> CT / PET / SPECT <input type="checkbox"/> PET / SPECT
Imaging Subjects:	<input type="checkbox"/> Live Animals	<input type="checkbox"/> Organs/Tissues <input type="checkbox"/> Phantoms
Animals:	<input type="checkbox"/> Mouse	<input type="checkbox"/> Rat
Number of animals proposed for imaging:	Animal housing facility before imaging:	
Radioisotope / Radiotracer / Contrast Agent:		
Imaging time points (if known):		
AUP #:	Expiration Date:	PI Listed:
Is the proposed imaging procedure included in the animal protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Data Analysis		
Need support with data analysis:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Need any visualization software (please specify):	Need any statistical analysis (please specify):	
FUNDING INFORMATION		
Fund Code #:	Grant Agency:	
PI:	Department:	
Dept. contact name for billing:	E-mail:	