

## Application to Transfer Animals to Imaging Facilities

PI Name: \_\_\_\_\_ Protocol #: \_\_\_\_\_

Account # For Per Diem Billing: \_\_\_\_\_

Names of Lab members who will perform the imaging studies:

Name	Transfer Station and Animal Transfer Training (Date)	Ivis or Pet/CT Training Completed (Date) <i>Done By Aaron Taylor</i>	MRI Training Completed (Date) <i>Done By Greg Tamer</i>

### **Hansen Imaging Center and Housing:**

Imaging Equipment to be utilized (Circle): Ivis Lumina      Pet/CT

# of Cages to be imaged: \_\_\_\_\_ Original Room #: \_\_\_\_\_

Radiation to Be Utilized: (Circle one) Yes No If Yes, what type: \_\_\_\_\_

Animals Exposed to Infectious Agent: (Circle one) Yes No If Yes, what type: \_\_\_\_\_

Proposed Date of Transfer: \_\_\_\_\_ Duration Cages to be housed Imaging Housing Room: \_\_\_\_\_

I understand that all cages must be placed in Room # 145 in the Biology Facility post imaging (unless exposed to an infectious agent, then housing TBD prior to imaging in consultation with LAP and REM).

Initials of Users: \_\_\_\_\_

### **Bindley Imaging Center and Housing: (MRI Only At This Time)**

# of Cages to be imaged: \_\_\_\_\_ Original Room #: \_\_\_\_\_

Animals Exposed to Infectious Agent: (Circle one) Yes No If Yes, what type: \_\_\_\_\_

Proposed Date of Transfer: \_\_\_\_\_ Duration Cages to be housed Imaging Housing Room: \_\_\_\_\_

I understand that all cages must be placed in Room B087 in Bindley post imaging (unless exposed to an infectious agent, then housing TBD prior to imaging in consultation with LAP and REM).

Initials of Users: \_\_\_\_\_

Please send completed form to [CMAFSupervisors@purdue.edu](mailto:CMAFSupervisors@purdue.edu) for housing requests

Please send requests for Transfer Station and Animal Transfer training to [CMAFSupervisors@purdue.edu](mailto:CMAFSupervisors@purdue.edu)