**Application to Transfer Animals to HANSEN and LSA Imaging Facilities**

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| --- | --- | --- | --- | --- |
| **Name** | **Imaging Housing Training (Date)** *Done by Cindy Sanow* | **Ivis or Pet/CT Training Completed (Date)** *Done By Andy*  | **Dexa/Piximus Training Complete (Date):** *Done by Dr. Fleet* | **EchoMRI Training Complete (Date)**: Done by Kimberly Buhman |
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PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Names of Lab members who will perform the imaging studies:

**LSA and Hansen Imaging Center and Housing:**

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

LSA Imaging Equipment to be utilized: Dexa/Piximus EchoMRI

# 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 # 144 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: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**Please send completed form to** **CMAFSupervisors@purdue.edu** **for housing requests**

**Please send requests for Transfer Station and Animal Transfer training to** **CMAFSupervisors@purdue.edu**