**Application to Transfer Animals to BINDLEY 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)** *Done by Bethany Schoon* | **MRI Training Completed (Date)** *Done By Greg Tamer* |
|   |   |   |
|   |   |   |

**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** **for housing requests**

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