**Registration Form for External Users**

Animal Imaging Facility

**Department of Biosciences and Bioengineering**

**IIT Bombay**

1. Name of the User:

2. Name of the Institute/Organization (Appropriate letter to be enclosed; please see instruction sheet):

5. Name of the Research Supervisor:

3. GSTIN:

4. Email ID and Tel No:

**Information related to the experiment/sample:**

Number of samples:

Type of sample:

* Tissue/ Primary cells/ Cell line
* Biohazard/ Non Biohazard

Details of experiment to be performed:

**Signature and stamp of the Research Supervisor with date**:

*Please send us a copy of the publication/thesis report.*

**For Official Use only**: -

 External User Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Date of experiment:  | Name of the operator:  |
| Results sent date:  | Signature of operator: |

**Finalized Budget details:**

# **INDIAN INSTITUTE OF TECHNOLOGY BOMBAY**

**Sample details form for *In vivo* Animal Imaging Facility**

## **Information about the Principal Investigator**

1. Name :
2. Designation :
3. Institute :
4. Telephone and email ID:

**Questionnaire for *In vivo* imaging samples**

1. Title of Study:
2. Name and details of the user:
3. Species (e.g., human, mouse, rat, etc.):
4. Type of Sample (e.g., tissue type, cell type):
5. Ethical Committee Approval Details (Number and Institute):

Please attach a copy of Approval Letter and Form B.

1. Number of samples:
2. Does the Ethical Committee Approval mention animal transportation for imaging?
3. Provide the name/type of model used for imaging:
4. Time-Point Studies Involved: (Yes/No)

If yes, provide details:

1. Is the tissue infectious or biohazardous? (Yes/No)

Note: Infectious samples will not be processed.

1. List any special requirements or instructions for handling or processing samples:

**Declaration:** The project details and ethical clearance information are accurate, and no infectious samples have been provided.

**Date: Signature of PI**