**Animal Imaging Facility**

**Registration Form for Internal Users**

1. Name of the User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of Research Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Lab Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Project Code (from which the charges will be deducted): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Extension No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Email id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information related to the experiment:**

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

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

**For Official Use only**: -

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**