

Preclinical Imaging Shared Resource

For a service quote/consultation please complete and email or fax to:

Neil Campbell, Resource Manager

Email: neil.campbell@rutgers.edu

Tel: 732-235-7148

IVIS Spectrum Service Request Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution: <input type="checkbox"/> Rutgers Univ. <input type="checkbox"/> Princeton Univ. <input type="checkbox"/> Other:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION <i>(if different from PI)</i>	
Requestor:	
Telephone:	Email:
PI MEMBERSHIP STATUS	
<input type="checkbox"/> CINJ Full Member <input type="checkbox"/> CINJ Associate Member <input type="checkbox"/> Academic (non-CINJ member) <input type="checkbox"/> Other	
PROJECT INFORMATION	
Project Description:	
Proposed Start Date: / /	Proposed End Date: / /
RESEARCH RELATED APPROVALS	
IACUC Approval #:	IACUC Approval Date:
Institutional Biosafety (IB) Approval #:	IB Approval Date:
SERVICE INFORMATION	
Select all that apply: <input type="checkbox"/> Bioluminescent <input type="checkbox"/> Flourescent <input type="checkbox"/> Unassisted <input type="checkbox"/> Assisted	
Are live animals being imaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
➤ <i>If yes, please complete the following:</i>	
Species:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Transgene/Knockout:	Tumor Origin:
Cell Line:	Tumor Burden:
➤ If no, please describe materials to be scanned:	
How many animals/samples will be imaged at each time-point?	
How many time points and at what interval?	
Would you like to receive IVIS Spectrum training? <input type="checkbox"/> Yes <input type="checkbox"/> No	

RESPONSIBLE PARTY BILLING INFORMATION		
Banner Index # :	RIAS PO # :	External PO # :
If applicable, please provide grant funding expiration date:		
Responsible Party: <input type="checkbox"/> PI <input type="checkbox"/> Other, please specify:		
Business Manager:	Email:	

SIGNATURES	
PI Signature:	Date:
Requestor Signature:	Date:

Disclaimer: Quoted fees are best estimates for requested service.
Actual cost will be determined at completion of service.

FOR OFFICE USE ONLY	
Received by:	Date received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost: