The Cancer Institute of New Jersey®
Bringing research to life.

NCI CCC
A Comprehensive Cancer Center Designated by the National Cancer Institute

Preclinical Imaging Shared Resource

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

Neil Campbell, Resource Manager
Email: neil.campbell@umdnj.edu
Tel: 732-235-7148

IVIS Spectrum Service Request Form

PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution: ☐ UMDNJ ☐ Princeton Univ. ☐ Rutgers Univ. ☐ Other:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION *(if different from PI)*	
Requestor:	
Telephone:	Email:
PI MEMBERSHIP STATUS	
☐ CINJ Full Member ☐ CINJ Associate Member ☐ Academic (non-CINJ member) ☐ 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: ☐ **Bioluminescent** ☐ **Fluorescent** ☐ **Unassisted** ☐ **Assisted**	
Are live animals being imaged? ☐ Yes ☐ No ➢ *If yes, please complete the following:* Species: Gender: ☐ Male ☐ 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? ☐ Yes ☐ No	
RESPONSIBLE PARTY BILLING INFORMATION	
UMDNJ Banner Index # :	Non-UMDNJ Purchase Order # :
Responsible Party: ☐ PI ☐ Other, please specify:	
Business Manager:	
Telephone:	Email:

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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.

Service Agreement for Special Procedure

1. The investigator or a representative must provide details of procedure and related information before a service is initiated.
2. The service charge is calculated based on time and materials to be used for a specific procedure.
3. The investigator must have IACUC and Institutional Biosafety approval for the procedure/s if applicable.
4. It is agreed by the investigator that any publications arising from the imaging performed by the Preclinical Imaging Shared Resource of The Cancer Institute of New Jersey will have appropriate acknowledgement of this service.

SIGNATURES	
PI Signature:	Date:
Additional Comments:	

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