

# Micro-CT Research Application Form

## A. Applicant Information

Title and name of main applicant

Date

Signature

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Organization, Department

Address

Phone number

E-Mail

Collaborators Name,  
Institute, Address

Scientist in charge

E-Mail

Phone

MTA in charge

E-Mail

Phone

Name of MTA authorised to  
conduct animal experiments

Name of scientist  
authorised to conduct  
animal experiments

## B. Project Information

1. Project title

2. New project application

Project extension

Project ref. no. if  
applicable

3. Brief project  
description  
(max. 200 words)

4. Main objectives

5. Anticipated project duration: from

to

6. Previous experience with micro-CT

7. Type of animals/  
specimens to be scanned

8. Number of animals/ specimens  
to be scanned

9. Description of biosafety risk  
(the micro-CT laboratory operates  
at S1 level)

10. Disposal procedure for  
scanned specimens / animals

### C. Regulatory Compliance

		Approval Reference No. *	Approval Date
1. Does the proposed activity involve human tissue samples?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2. Does the proposed activity involve vertebrate animals?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3. Does the proposed activity involve radioactive material?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

\* Animal and human research application and approval must be submitted with this application.

NB: Micro-CT imaging and associated procedures must be listed in the relevant animal and human research application!

The principal investigator is responsible for compliance with the approved research protocol as per reference no. provided.

### D. Technical/Service Requirements

1. Additional chemicals and consumables needed? Please specify.

2. Anesthesia and ventilation equipment needed?

3. Other technical equipment required or provider for the duration of the experiment?

4. Image reconstruction service needed?

**The next section will be completed by the SAIL Committee**

SAIL Project Ref. No.

Date of 1st Review

Recommendation

Comments

Date of 2nd Review

Recommendation

Comments\*

Name

Phone

E-Mail

Approval Date

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Signature

\*Depending on individual input we expect and appreciate acknowledgement and/or authorship in any forthcoming publication. In any case all micro-CT data and images can only be published with our prior notification.