

Name
AccountPhone
E-mail

Request Date

A. SAMPLE CHARACTERISTICS

Species
Strain Identification:
Number of animals/specimens
Age
Structure/organ of interest (e.g. tumour, liver, whole mouse)
Ex-vivo In-vivo
Trial/Pilot experiment
Comments

B. GENERAL REQUIREMENTS

I WANT TO DEFINE ALL MODALITIES AND OPTIONS (complete section C)

I WANT THE CCP-BIOIMAGING UNIT TO ADVISE ON OPTIONS ACCORDING TO MY IMAGING OBJECTIVES STATED BELOW (fill in below comment field and proceed to end of form)

I WANT TO DEFINE SPECIFIC MODALITIES AND OPTIONS AND HAVE THE CCP-BIOIMAGING UNIT ADVISE ON ANY INCOMPLETED OPTIONS (complete section C as appropriate)

Comments

C. MODALITIES AND OPTIONS *please refer to Bioimaging web-pages for clarification of terms***RADIOGRAPHY (X-RAY)**

COMMENTS

IN-VIVO FLUORESCENCE

OPTIONS: AQUISITION (choose one)
 POSTPROCESSING (choose all that apply)

DATA FORMAT OPTIONS (choose all that apply)

ANALYSIS (custom service – describe objectives in comment field)
COMMENTS

IN-VIVO LUMINESCENCE

OPTIONS: AQUISITION (choose one)
 POSTPROCESSING (choose all that apply)

DATA FORMAT (choose all that apply)

ANALYSIS (custom service – describe objectives in comment field)
COMMENTS

MICRO-CT

OPTIONS: AQUISITION (choose one)
 POSTPROCESSING (choose all that apply)

DATA FORMAT (choose one or both)

ANALYSIS (custom service – describe objectives in comment field)
COMMENTS

OPTICAL TOMOGRAPHY

OPTIONS: AQUISITION (choose all that apply)

 POSTPROCESSING (choose all that apply)

DATA FORMAT (choose one or both)

ANALYSIS (custom service – describe objectives in comment field)
COMMENTS

TISSUE CLEARING & OPTICAL SECTIONING

OPTIONS: SAMPLE PREPARATION (select one)
ACQUISITION (choose one)
POSTPROCESSING (choose one or both)

DATA FORMAT

ANALYSIS (custom service – describe objectives in comment field)
COMMENTS

HISTOLOGICAL TOMOGRAPHY (Choose all that apply)

OPTIONS: 3D RECONSTRUCTION
SEGMENTATION
ANALYSIS (custom service – describe objectives in comment field)
COMMENTS

ADULT ORGAN LACZ STAINING

OPTIONS: COMPREHENSIVE ORGAN PANEL and/or SELECTED ORGANS
MACROIMAGING
COMMENTS (include names of selected/additional organs)