INSTRUCTIONS FOR EXTERNAL µCT USERS

1. Fill out form completely and accurately. Incorrect information will hinder the approval process and the start of sample processing.

2. Be sure to include the principle investigator’s (PI’s) name on the “Investigator Name” and the correct grant number for the same PI.

3. Researchers who are postdocs, students, or staff must include their name as the contact and their PI’s signature by his/her name. Researchers who are co-PIs must include the primary PI’s name under the grant.

4. Include the correct Purchase Order Number (PO) or credit card number. If you would like to use another payment method, please call 508-334-7928.

5. If you require specialized non-decalcified histology and/or biomechanical testing after the µCT analysis, please indicate the supplementary services under “Special Instructions”.

6. All samples must be fixated, stored and labeled properly prior to shipping. See our website, http://www.umassmed.edu/mci for the preferred method(s). If your samples require other method(s), please phone ahead at 508-856-4947 for a consult before submitting this form.

7. Fill out a Sample Inventory form and attach to the completed Request Form. E-mail the completed forms to MCI@umassmed.edu, Musculoskeletal Center Imaging Core, ATTN: Stacey Russell.

8. You will receive an email of the request approval. When you receive approval, pack and ship the sample(s) according the appropriate method detailed on our website, http://www.umassmed.edu/mci.
MicroCT Service Request Form for External Users

University of Massachusetts Medical School
Musculoskeletal Imaging Core - µCT LAB
55 Lake Avenue North, S4-326
Worcester, MA 01655
(508) 856-4947

Investigator Name: ___________________________ Phone: ___________________________
Contact Name: ______________________________ Phone: ___________________________
Institution name: ______________________________
Billing address: ______________________________ Specimen shipping address: ______________________

Payment Method: ______________________________
Specify applicable grant number(s), title, agency, and P.I. (for annual review database):
_________________________________________________________________________________________

Sample Submission Date: ________________ Investigator Study Reference Number: ________________
Sacrifice/storage date: ____________________ Storage media: ____________________________
Species (circle one): mouse other list mouse strain: ____________________________
Total number of specimens: (Number of Eppendorf tubes/vials) Gender: M F Age: wks mos

ATTACH COMPLETED SAMPLE INVENTORY LIST

Animal Background (Transgene or Gene Ablation, Phenotype):
_________________________________________________________________________________________

Treatment Procedure/Agent (drugs) & Duration of treatment:
_________________________________________________________________________________________

Dynamic (fluorescent) labels? (circle one): Yes No
Agent, delivery, and # days between injections:
_________________________________________________________________________________________

Purpose and Details of µCT study, Special Instructions:
_________________________________________________________________________________________

_________________________________________________________________________________________

Internal Use:
Scan Complete Date: ________________ Analysis Complete Date: ________________
Data Return Date: ________________ Specimen Return Date: ________________