

INSTRUCTIONS FOR EXTERNAL μ CT USERS

1. After the initial consultation, fill out the forms 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 Mary Lammi at **508-856-6182**.
5. If you require specialized non-decalcified histology and/or biomechanical testing after the μ CT 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 - μ CT 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: _____ Bone Type: (e.g., limb, vertebrae, joints) _____
(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 μ CT study, Special Instructions:

Internal Use:

Scan Complete Date: _____ Analysis Complete Date: _____

Data Return Date: _____ Specimen Return Date: _____