

ICTS ACCESS REQUEST FORM

DATE	
RESEARCHER NAME	

PERSONAL DATA	
Project Title	
Applicant	Name:
	Institution/Department:
Principal Investigator of the project (only if different than above):	Name:
	Institution/Department :
Estimated dates for the experiments to be performed	Starting date:
	Finishing date:

PROJECT

Please include a brief explanation of the project to be performed (max 1 page):

If your project requires the production of radiotracers included in the list available at the webpage, please identify the radiotracers and specify the number of studies per radiotracer:

IMPORTANT NOTE:

During the execution of this project, equipment will be booked using the Equipment booking calendars included in the web pages of the assigned Platform (CIC biomaGUNE, CNIC, Imaging La Fe and/or BiolmaC-UCM). Once the Access is granted, experiments will be planned with the help of the different Platform Managers involved.

If PET, SPECT or CT studies are planned in your project, please specify number of experiments and duration of each one:

If ex vivo/in vitro studies are planned in your project please explain briefly the kind (and number) of experiments to be performed:

IMPORTANT NOTE:

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If MRI studies are planned in your project, please specify number of experiments and duration of each one:

If your project requires the combination of more than one imaging technique, or if longitudinal studies (repeated studies within the same animal at different time points) are envisaged, please briefly describe the image modality, number and time of experiment:

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If there are special requirements (e.g. use of sequential MRI - PET) please specify:

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If your project requires the use of experimental animals, please indicate:

Animal specie:

Number of animals:

Housing/feeding requirements:

Required anaesthesia:

Preferred euthanasia method:

Post-mortem conservation of samples (if needed):

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If your project involves human subjects (i.e. clinical trial), please include all the relevant information: complete protocol, insurance coverage, patient information document and ethics committee approval form.

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If you need image analysis, please indicate the kind of analysis required

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ASSISTANCE LEVEL

Please indicate the assistance level you might need:

If you have selected something different from “total collaboration”, please summarize your experience in the different areas of knowledge (regarding imaging) covered by your project:

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