

Project Request Form – Micro CT equipment
Micro-Imaging Research Facility – Usage Agreement
Center for Dental Research, Loma Linda University School of Dentistry

Instruction: One form for each project; complete the form and email the PDF file to: sdmicroimaging@llu.edu

Section 1: User Information

Date (MM/DD/YY): _____ Principal Investigator: _____

PI email: _____ PI Phone: _____

PI Position: _____ Department / School: _____

Funding Source: Internal External

Section 2: Micro Imaging and Image Analysis

Density of sample examination: High-density Low density

Other requirements, describe: _____

Section 3: Project Information

Project Title: _____

If applicable: IRB IACUC Biohazard Chemical Radiation

Project Sponsor: LLUSD: LLU - Other Schools: Non-LLU:

Project Status: Continuing New

Project Description: Please provide an abstract/summary including a) hypothesis, b) groups including the number of samples to be imaged, c) parameters for the Micro CT, d) anticipated problems, and e) other information relevant to imaging and analysis. The information is used for Micro CT scanning and analysis, and will be kept confidential.

Researchers authorized to plan and schedule experiments (Last Name, First name). If you have extramural collaboration, specify colleague institution, e-mail, and phone number.

1.
2.
3.

Section 4: Budget Estimation

Start Date: _____ End Date: _____

Estimates: Imaging Time: _____ Analysis Time: by Investigator by MRF

Training: No Yes Total Budget: _____

Cost Center _____

Note: Sign below to indicate that you agree to provide intellectual credit to the consultant (e.g., authorship of publications, copyrights, and patents) for consulting on the project beyond performing Micro CT scan and analysis. PI Signature: _____

Authorization Signatures:

PI: _____ Date: _____

Cost Center Administration: _____ Date: _____

Department Chair: _____ Date: _____

Micro-Imaging Research Facility (MRF) – Office Use Only

User LLU ID: _____ Project ID: _____

Training: None Basic Advanced

Comment: _____

Project Approval: Yes No Date: _____ Estimated Cost: _____

Rate Information: LLUSD LLU/Other Schools Non-LLU Credit Authorization

Authorization Signatures:

MRF Staff: _____ Date: _____

MRF Director: _____ Date: _____