Study # \_\_\_\_\_\_\_

**Study Registration Form**

Please complete the form and e-mail to Thomas Hawk (thomas.hawk@duke.edu) or Satish Chitneni (satish.chitneni@duke.edu). For more information and the current rates, please visit <https://radiology.duke.edu/research/center/translational-petct-molecular-imaging-center/>

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| **Study Registration**  |
| **Date:** \_\_\_\_\_\_\_\_ [ ]  New project [ ]  Renewal  |
| **Project Tittle:**  |
| **PI** | Name:  | Organization/Dept.:  |
| E-mail:  | Phone:  |
| Address:  |
| **Participants** | Name/Title:  | E-mail:  | Phone:  |
| Name/Title:  | E-mail:  | Phone:  |
| **Funding Information** |
| Fund Code #:  | Grant Agency:  |
| PI:  | Department:  |
| **Project Description** |
| **Imaging Modality:** [ ]  microPET/CT [ ]  CT only  |
| **Imaging Subjects:** [ ]  Live Animals [ ]  Specimens [ ]  Phantoms  |
| **Animals:** [ ]  Mice [ ]  Rats [ ]  Others (please specify): \_\_\_\_\_\_\_\_Number of animals proposed for imaging: \_\_\_\_\_\_\_\_Name of the radioisotope / radiotracer if PET/CT: \_\_\_\_\_\_\_\_Imaging time points if known: \_\_\_\_\_\_\_\_Longitudinal Study: [ ]  No [ ]  Yes. If yes, how frequent \_\_\_\_\_\_\_\_ IACUC Protocol #: \_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_ PI listed: \_\_\_\_\_\_\_\_\_\_\_\_ Is the proposed imaging procedure included in your protocol [ ]  Yes [ ]  NoAnimal housing facility before imaging: \_\_\_\_\_\_\_\_ |
| **Need support with image and imaging data analysis?** [ ]  Yes [ ]  No**Brief description of the project and the expectations on imaging data / results (3-4 lines):** |