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

**Study Registration Form**

Please complete the form and e-mail to Thomas Hawk ([thomas.hawk@duke.edu](mailto: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  No  Animal 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):** | | | | |