MR IMAGING UNIT SERVICE APPLICATION FORM

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| **INFORMATION ABOUT ANIMALS** | | | | | | | | | | | | |
| Detailed information – FELASA health documents – will be needed at least 14 days before the measurement date. Without this information the animals may be rejected without compensation. | | | | | | | | | | | | |
| Animal type: | | mouse | | rat | | rabbit | | other | | | | |
| Animal source: | | |  | | | | | | | | | |
| Animal breed: | | |  | | | | | | | | | |
| Animal gender: | | | Choose… | | | | | Animal age: | | |  | |
| Animal description\*: | | | Choose… | | | | |  | | | | |
| In case of GMO\*: | Animal strain: | | | | | |  | | | | | |
| Recipient: | | | | | |  | | | | | |
| Donor: | | | | | |  | | | | | |
| Inserted/deleted gene: | | | | | |  | | | | | |
| Vector: | | | | | |  | | | | | |
| GMO category: | | | | | |  | | | | | |
| Genotype: | | | | | |  | | | | | |
| Mark of disrupted exon and gene: | | | | | |  | | | | | |
| Phenotype: | | | | | |  | | | | | |
| Primer: | | | | | |  | | | | | |
| PCR: | | | | | |  | | | | | |
| References (of GMO model): | | | | | |  | | | | | |
| \* for GMO the approval from the Ministry of the Environment of the Czech Republic is needed. For more information see <https://www.mzp.cz/cz/formulare_metodicke_pokyny_gmo> | | | | | | | | | | | | |
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| INTENDED NUMBERS OF ANIMALS | | | | | | | | | | | | |
| No. of animals per study: | | | | |  | | | | | | | |
| No. of groups: | | | | |  | | | No. of animals per group: | | | |  |
| INTENDED ANIMAL TRANSPORTATION AND ACCOMMODATION | | | | | | | | | | | | |
| Animal origin: | | | | |  | | | | | | | |
| Address of laboratory: | | | | |  | | | | | | | |
| Name of contact person: | | | | |  | | | | | | | |
| e-mail: | | | | |  | | | | Tel.: |  | | |
| Accredited importer: | | | | |  | | | | | | | |
| Interval between animal arrival and the start of measurement: | | | | | | | | | Choose… | | | |
| Duration of animal accommodation in our facility (days/weeks): | | | | | | | | |  | | | |
| Transportation of the animals after the measurement? | | | | | | | | | Choose… | | | |

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| **STUDY DESIGN** |
| Experimental plan (how many and what samples, animals, groups, procedures, measurements etc.): |
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| Any preparation of animals needed before its measurement in our facility (e.g. cannulation for contrast agent application)? |
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| Animal treatment (/handling/disposal) after the measurement (e.g. alive, sacrifice, organ analysis etc.): |
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| How many measurement cycles for one animal and what time period between the cycles? |
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| **MR MEASUREMENT** | |
| Type of experiment: | Choose… |
| Purpose of MRI measurement: | |
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| Which type of changes/differences will be measured: | Choose… |
| Write parameters/events which you would like to measure (e.g. volume changes, signal intensity changes, diffusion parameters, perfusion etc.): | |
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| Spatial and time resolution of the measured parameters/events: | |
|  | |
| The expected format of data results (for example: only images without/with notes, quantitated data, etc.): | |
|  | |
| Methodology recommendations\*: | |
|  | |
| \*Extracts from publications (with marked MRI parameters) are acceptable. List of literature without marking important sections will not be accepted. | |
| List of attached documents and references: | |
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| When will the samples/animals be transported to our facility? | |
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| **SAFETY** | | |
| Biosafety level: | | |
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| Precautions for safe handling (e.g. using gloves, respiratory mask, fume hood, laminar flow box etc.): | | |
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| Accidental release measure (methods and material for containment and cleaning up): | | |
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| **Potential harmful effect of the GMO/GMM:** | | |
| In case of GMO: | * recipient: |  |
| * paternal organism: |  |
| * donor: |  |
| * inserted gene: |  |
| * excepted gene: |  |
| * vector: |  |
| * intermediate product: |  |
| * GMO (animal): |  |
| List of attached documentation and safety data sheets: | | |
|  | | |

The information provided in this form will be used for the preparation of the appropriate MR measurement protocol only. It will not be used for any commercial purposes and will not be sold, rented, leased or forwarded to any third party.

I, the undersigned below, certify that:

* our animal use protocol explicitly mentions the fact that the animals will undergo MR measurement at ÚPT AV ČR, v. v. i., Královopolská 147, Brno,
* I will send detailed information (FELASA health documents) about the animals at least 14 days before the date of measurement.

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Place, Date, Signature