

Case ID: (Micro CT Core use only)

## REQUEST FOR MICRO CT SERVICES

DATE	
Principle Investigator(s)	
Work submitted by	
User assigned animal ID (For reference only)	
Species & Tissue type (mouse, rat, etc.) (Kidney, brain etc.)	
Processing (infusion of contrast)	
Fixation (type and duration)	
Presence of biological hazard	<input type="checkbox"/> No <input type="checkbox"/> Yes
CT Requested	
Analysis requested	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date work needed by	
Special Instructions	