

PRECLINICAL IMAGING FACILITY
University of California-Irvine

Study Request Form

Please complete and email to PCIF@uci.edu or Fax to: (949)824-2344

Contact Phone: (949)824-0709/ (949)824-2018 /(949)824-0711

1. Circle Study Type: MicroPET/CT MicroCT Big PET MicroSPECT Pharm

2. Lead Researcher Info (and include Faculty Sponsor at UCI) and Department:

3. Brief Title of Project and Objectives (attach additional details if necessary):

4. Radiotracer (or Biomarker) if applicable:

5. IACUC Protocol # if applicable:

6. Any Animal/ Sample Details:

7. Requested Study Dates/Times:

8. Account # to be charged*

(* Rate is \$186/hr).

Separate charges will apply for commercially purchased radiopharmaceuticals (such as ^{18}F -FDG) or radioisotopes (such as ^{18}F -Fluoride or ^{89}Zr -zirconium and others). These costs will be borne directly by the lead researcher listed on this request.

* Special radiopharmaceutical can be produced on site upon request.

9. Signature and Date