This document must be completed, submitted, and approved *prior* to imaging new samples.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Investigator name: |  | | | |
| Investigator E-mail: |  | | | |
| Principal Investigator name: |  | | | |
| Principal Investigator E-mail: |  | | | |
| IBC Protocol number: |  | Approval date: |  |
| IACUC ACUP number: |  | Approval date: |  |

SPECIMEN TO BE IMAGED

*Please use back of form if necessary*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source species | Specify:  Eukaryotic cells  Bacteria  Whole animal/organ  Other (describe) | If cells: Indicate whether primary, established, or immortal | If cells: Are they transduced with a viral vector? If yes, please describe vector | | Is specimen fixed?  If yes: Describe fixation method. | Appropriate biosafety level for use with specimen |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **A copy of the IBC Agent Profile Form related to the specimens to be imaged is:**   * **Attached** * **Already on file with the IMCF** * **No APF is required for my IBC protocol** * **No IBC protocol is required for my research** | | | | | | |
| Have you performed work related to this project in the IMCF previously (Y/N)? | | | | | | |
| If, yes, in which IMCF location was this work performed? | | | |  | | |

**Core Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**