



Center for Molecular Imaging  
<http://www.med.umich.edu/cmi/>  
Department of Radiology  
BSRB, Level D

## User Access Request

**\*Required Fields**

**\*Date:** \_\_\_\_\_

**\*Principal Investigator:** \_\_\_\_\_

**\*Phone Number:** \_\_\_\_\_

**\*Email Address:** \_\_\_\_\_

**\*Department:** \_\_\_\_\_

**\*Full Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**\*UCUCA approval #:** \_\_\_\_\_

**\*PI Signature for UCUCA Approval:** \_\_\_\_\_

## New User Information

**\*Name:** \_\_\_\_\_ **\*Phone:** \_\_\_\_\_

**\*Email:** \_\_\_\_\_ **\*UMID#:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_

\*This form must be filled out completely and returned to Amanda Fair by mail (BSRB D207) or by fax (734)615-1599 before any imaging appointments can be made. Once data is provided, users are responsible for their own data archive/restoration. Users are responsible for their own ULAM approval. Imaging may only be performed by authorized users and personnel. For more information please visit: [www.med.umich.edu/cmi/](http://www.med.umich.edu/cmi/) or call Amanda Fair at (734)615-3009 or email [awelton@umich.edu](mailto:awelton@umich.edu).