

Center for Molecular Imaging http://www.med.umich.edu/cmi/ Department of Radiology NCRC, Building 23

PI Access Request

*Required Fields

*Date:	:	
	*Principal Investigator:	
	*Phone Number:	
	*Email Address:	
	*Department:	
	*Full Mailing Address:	
	*UCUCA approval #:	
*PI Signature for UCUCA Approval:		
Imagin investig Imagin this SC	ng of all ABSL-2 pathogens and chemically hazardous a igator's acceptance of the guidelines outlined in the S ng Rodents Harboring Biological or Chemical Hazards." OP must be signed by the PI and submitted to Amanda e imaging can commence.	ngents requires the principal OP entitled "Procedure for The final signature page of
* List a	all ABSL2 pathogens and chemical hazards to be used (recol):	efer to your approved animal
UCUC	CA approval #:	hazardous agent(s)

^{*}This form must be filled out completely and retuned to Amanda Fair by mail (NCRC, Building 23, G004) or by fax (734)763-7870 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/ or call Amanda Fair at (734)763-7862 or email www.med.umich.edu/cmi/ or call Amanda Fair at