

**CARDIOVASCULAR HEALTH NETWORK
MOUSE OR RAT CARDIOVASCULAR PHENOTYPING**

REQUEST OF MAGNETIC RESONANCE IMAGING SERVICES

For more information contact Martin Lepage at (819) 820-6868 ext. 11867
or martin.lepage@usherbrooke.ca

Return completed form in pdf to Cécile Nagy : cecile.nagy@icm-mhi.org

A. General Information (Please print clearly):

Principal Investigator: _____ Date of request: _____

Department: _____ Institution: _____

Address: _____

Phone : _____ Fax : _____ E-mail : _____

Contact Person, Phone and Cellular: _____

Associate Researcher: _____ IRCM ICM Other

1. Specific physiologic question to be addressed: This must be completed before request will be considered.

2. Mouse/rat Strain/Mutation/Transgenic to be studied: _____

3. Number of Mice/rat: _____

4. Animal Studies Committee Approval Number: _____

5. Animal Studies Committee Approval Date: _____

B. Services:

Check Services Requested

Acquisition of T1-weighted images with a resolution of ~500 µm (isotropic).

The preparation of the animal is included as well as the data acquisition and the images preparation in Pdf format

C. Charge

\$150 per hour: 1:30 to 2 hours are required per session and per animal.

D. Terms

- The user must follow the quarantine and animal importation procedures of the Faculté de Médecine et des Sciences de la Santé of the Université de Sherbrooke.
- The user must also fill the form requested by the Ethic Committee of the University.

I understand the terms and fees for the services and I agree to pay the invoices from the Phenotyping Service of the Cardiovascular Health Network for the services I have requested.

P.I. Signature

Date

Billing contact person: _____

Phone _____

- Please use the FRSQ and the RSCV to acknowledge this work in publications

FINAL BILLING STATEMENT

Date of the study completed _____ Total Charge _____

Number of animals which completed full requested protocol _____

Amount reduced for the RSCV contribution _____

Final Charge _____ Technician Initial _____