

UCSF Biomaterials and Bioengineering MicroCT Imaging Facility
SERVICES REQUEST FORM

*UCSF - Division of Biomaterials and Bioengineering
Department of Preventive & Restorative Dental Sciences, Box 0758
707 Parnassus Ave., San Francisco, CA 94143 / fax: (415) 476-0858*

(Please email the completed form to Sabra Djomehri at: sabra.djomehri@ucsf.edu)

USER NAME _____
(First) (Middle) (Last)

PHONE _____ POSITION _____
EMAIL _____ DEPARTMENT _____
MAILBOX _____

GROUP LEADER/PI _____
PI's PHONE _____
PI's MAILBOX _____

ACCOUNT NUMBER TO BE CHARGED:

- UCSF DPA/Fund #: _____
- UC affiliated or other academic account/P.O. #: _____
- Non-academic/industry account or P.O. #: _____

BILLING CONTACT INFORMATION:

NAME _____ PHONE _____
FAX _____ EMAIL _____
ADDRESS _____

User Signature Date

Group Leader/PI SIGNATURE Date

If you have any questions, please contact Sabra Djomehri at: sabra.djomehri@ucsf.edu

Note: If you use this service on a recurring basis, you do not need to fill this form every time you require service. You can set up a Standing PO and use that PO number until the dollar amount exhausts. Standing PO's can be set up for a certain dollar amount, or for the number of uses of the service, or for a certain period of time which can be a month, six months, year, or any other time denomination as per your convenience.

ADDITIONAL SCAN INFORMATION:

Description of specimens to be scanned:

Type and size of specimen: _____

Quantity of specimens: _____

Solution to submerge specimen: _____

Conditions under which the specimen is to be scanned:

Description of type of scan:

Specimen region/feature of interest:

Desired field of view:

Entire specimen

Specific region of specimen

If checked, please identify region: _____

Description of type of analysis:

Should specimen analysis be performed? (Y/N): _____

If yes, please indicate the method of specimen analysis:

Type of desired measurement (i.e. volume, density, etc.): _____

USER AGREEMENT FORM – SCAN COST ESTIMATE

(TO BE COMPLETED AT FIRST CONSULTATION MEETING OR WHEN SETTING UP INITIAL SCAN)

Items to be determined in the presence of the micro-CT specialist:

Magnification:

Image projections:

Exposure time:

Energy:

Duration of the consult meeting:

Sample preparation time:

Scan time:

Data Analysis (Amira/Avizo Workstation):

Total estimated hours for 1 sample:

Total estimated cost for 1 sample:

Total estimated cost for ___ samples:

****DISCLAIMER:** IT IS THE RESPONSIBILITY OF EACH USER TO NOTIFY SABRA DJOMEHRI IF THE ABOVE SCAN ESTIMATE DOES NOT FALL WITHIN HIS/HER DESIRED BUDGET, AND TO PRESENT AN OPTIMAL BUDGET PLAN (IF NECESSARY). IF SCAN QUALITY OR DATA ANALYSES NEED TO BE OPTIMIZED, IT IS THE RESPONSIBILITY OF EACH USER TO IDENTIFY THOSE FACTORS AND PRESENT A BRIEF REPORT OUTLINING HIS/HER EXPECTATIONS. IF SPECIFIC REQUIREMENTS EXIST IN ORDER TO MAINTAIN AND PRESERVE THE EXPERIMENTAL SPECIMEN (INCLUDING SPECIMEN HANDLING, PREPARATION, TIME SENSITIVITY, ETC.), IT IS THE RESPONSIBILITY OF EACH USER TO PROVIDE THOSE DETAILS BEFORE SCANNING BEGINS.

I AGREE TO THE ABOVE TERMS AND CONDITIONS.

Signature (user): _____ **Date** _____

Signature (micro-CT manager): _____ **Date** _____

ACKNOWLEDGEMENT OF SUPPORT

It is important that any work done by the UCSF Micro-CT Imaging Facility be properly acknowledged in your publication. This acknowledgement will help us demonstrate the impact and contribution we have had on the research community. Any publications generated with support from our Micro-CT Imaging Facility must use the following acknowledgment in order to comply with NIH requirements. In addition, NIH requires that publications, press releases or other documents that cite results from the NIH grant supported research must also include this acknowledgment.

Users should also **send a PDF copy of the papers they publish to Sabra Djomehri at sabra.djomehri@ucsf.edu**.

ACKNOWLEDGMENT

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