The Jonasson Centre for Medical Imaging

**Application for use of equipment**

 Date of application:

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| --- |
| **Project title:** (Swedish **and** English)**SE:** **EN:**  |
| **Principal investigator:** (name, department/school/organisation, email, phone) |
| **Summary of project plan:** (Swedish **or** English) Max 2000 char. |
| **Equipment to be used:**[ ]  Arietta 850 ultrasound (Hitachi) [ ]  Programmable ultrasound (Verasonics V-1)[ ]  Cardiovascular ultrasound (Vivid E9)[ ]  Ultrasound/elastography (Aixplorer)  | [ ]  MRI 3T (Philips Ingenia, HIFU)[ ]  Photoacoustic (Vevo LAZR,Visualsonics) [ ]  KTH microCT-miniPET[ ]  Mobile Gamma camera (Adolesco) |
| **Expertise in the research group for equipment handling** (incl. “driving license” and courses in laboratory animal science)**:**  |
| **Assistance required** (user guidance and supervision, performing scanning)**:**  |
| **Need for relocation of equipment? Place:** |
| **Estimated time (total hrs):**  | **Planned project start:**  | **Planned project end:**  |
| **Ethical approval:**(EPN/Board of Agriculture)[ ]  ApprovedDecision date/number:[ ]  Application submitted[ ]  To be submitted[ ]  Not applicable | **Radiation protection committee:**[ ]  ApprovedDecision date/number:[ ]  Application submitted[ ]  To be submitted[ ]  Not applicable | **Medical Products Agency:**(drug or med-tech equipment)[ ]  ApprovedDecision date/number:[ ]  Application submitted[ ]  To be submitted[ ]  Not applicable |

**Save as a PDF and send to Peta Sjölander at:** petasj@kth.se; Subject: Project\_JCMI\_equipment

N.B. The form expands when needed