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)  Approved Decision date/number:  Application submitted  To be submitted  Not applicable | **Radiation protection committee:**  Approved Decision date/number:  Application submitted  To be submitted  Not applicable | | **Medical Products Agency:**  (drug or med-tech equipment)  Approved Decision date/number:  Application submitted  To be submitted  Not applicable |

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

N.B. The form expands when needed