

Full name: \_\_\_\_\_ Staff/student number: \_\_\_\_\_  
University/Company Email: \_\_\_\_\_ Contact number: \_\_\_\_\_  
Department/Affiliation: \_\_\_\_\_ Supervisor: \_\_\_\_\_

<b>Please select the equipment for which you have arranged training. Submit this form to the staff-in-charge.</b>			
<input type="checkbox"/> Bruker BioSpec 70/20 USR MRI System <sup>a,b,c</sup>		<input type="checkbox"/> Zeiss Lightsheet 7 / Nikon SMZ1270i / Imaris <sup>b,c,l</sup>	
<input type="checkbox"/> Bruker minispec LF90II Body Composition Analyser <sup>a,b,c</sup>		<input type="checkbox"/> Zeiss LSM 900 Confocal Microscope <sup>b,c,l</sup>	
<input type="checkbox"/> Bruker SkyScan 1276 <i>in vivo</i> Micro-CT Scanner <sup>a,b,c,r,note2,3,7</sup>		<input type="checkbox"/> Logos X-CLARITY Tissue Clearing System <sup>b,c,l</sup>	
<input type="checkbox"/> FUJIFILM Ultrasound/Photoacoustic Imaging System <sup>a,b,c,l</sup>		<input type="checkbox"/> Perkin-Elmer IVIS <i>in vivo</i> Imaging System <sup>a,b,c,l</sup>	
<input type="checkbox"/> Nikon AX R MP + NSPARC / Zeiss Zoom.V16 + Apotome 3 <sup>a,b,c,l</sup>		<input type="checkbox"/> Promethion Metabolic Cage System <sup>a,b,c</sup>	
<b>Will live animals be involved in your experiment?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No (end of form)	
<b>Animal type:</b>	<input type="checkbox"/> C57 mice <input type="checkbox"/> BALB/c mice <input type="checkbox"/> SD rats <input type="checkbox"/> Other (please specify):		
<b>Animal source</b> <sup>note4</sup> :	<input type="checkbox"/> CAF <input type="checkbox"/> Other universities in HK <input type="checkbox"/> Other (please specify):		
<b>Animal license number</b> <sup>note5</sup> :		<b>Expiry date:</b>	dd / mm / yyyy
<b>ADESC / animal ethics approval no.:</b>		<b>Expiry date:</b>	dd / mm / yyyy
<b>Will animal holding at the AIC be required</b> <sup>note6,7?</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No (end of form)		
<b>Number of animals to import to the AIC</b> <sup>note6,7</sup> :	animals in cages		
<b>Requested temporary holding period</b> <sup>note6,7</sup> :	dd / mm / yyyy to dd / mm / yyyy		
<b>Please briefly describe the proposed experiment(s) and state the estimated interval of accessing the equipment:</b>			

#### Important notes:

- Safety test requirements: *a* = animal lab safety; *b* = biological safety; *c* = chemical safety; *l* = laser safety; *r* = radiation safety (irradiating apparatus).
- SkyScan 1276 users are required to register with the HSO via the [Radiation Safety Management System \(RSMS\)](#) as a user of the equipment.
- [License for Use of Irradiating Apparatus NOT on Human Body](#) is required for *in vivo* experiments using the SkyScan 1276 Micro-CT Scanner.
- Safety reports and/or quarantine may be required for animal sources other than the CAF. Please contact our staff for details.
- The Animal Imaging Centre (AIC; Y205-Y212) must be mentioned in the animal license as the location for carrying out the experiment(s).
- The ULS has the sole discretion on approving animal holding requests, as well as the duration and number of animals to be imported to the AIC.
- This form shall be submitted with e-copies of the animal license, RSMS record and license for use of irradiating apparatus (if applicable).

For Official Use			
<b>Safety test check:</b>	<input type="checkbox"/> Animal lab	<input type="checkbox"/> Biological	<input type="checkbox"/> Chemical <input type="checkbox"/> Laser <input type="checkbox"/> Radiation (IA)
<b>License check:</b>	<input type="checkbox"/> Animal license	<input type="checkbox"/> RSMS user	<input type="checkbox"/> License for use of irradiating apparatus
<b>Approved holding period:</b>	dd / mm / yyyy to dd / mm / yyyy	<b>Approving staff:</b>	
<b>Approved no. of animals:</b>	animals in cages	<b>Approval date:</b>	dd / mm / yyyy
<b>Assigned cage number(s):</b>	<input type="checkbox"/> Y212a <input type="checkbox"/> Y212c	<b>Actual date of import:</b>	dd / mm / yyyy
<b>Room access granted:</b>	<input type="checkbox"/> Y205 <input type="checkbox"/> Y206 <input type="checkbox"/> Y207 <input type="checkbox"/> Y207a <input type="checkbox"/> Y209 <input type="checkbox"/> Y210 <input type="checkbox"/> Y211 <input type="checkbox"/> Y212a <input type="checkbox"/> Y212b <input type="checkbox"/> Y212c		