



## DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

INDIANA UNIVERSITY  
School of Medicine

### Preclinical Imaging Registration Form

**Today's Date:** Click or tap to enter a date.

**Project Title:** Click or tap here to enter text.

**Modality:** Click or tap here to enter text.

**Image Analysis (Yes or No):** Click or tap here to enter text.

**PI Name:** Click or tap here to enter text.

**PI Email:** Click or tap here to enter text.

**Coordinator Name:** Click or tap here to enter text.

**Coordinator Email:** Click or tap here to enter text.

**Funding Source:** Click or tap here to enter text.

**Account Number:** Click or tap here to enter text.

**IACUC Approval Number:** Click or tap here to enter text.

**Radiation Safety Approval:** Click or tap here to enter text.

**Estimated Start Date:** Click or tap to enter a date.

**Estimated End Date:** Click or tap to enter a date.

**Comments:** Click or tap here to enter text.

#### **User Instruction:**

Please send the completed form to [ori@iupui.edu](mailto:ori@iupui.edu) for review and processing.