 **MRI Service Request**

E-mail completed forms to [onprcmri@ohsu.edu](mailto:onprcmri@ohsu.edu)

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| --- | --- | --- | --- | --- | --- |
| **Principal Investigator** |  | **IACUC#** |  | **Alias** |  |
| **Requested By** |  | **Contact Number** |  | **E-mail** |  |

**Any objects affixed to the outside of an animal’s body (collars, eartags, etc.) must be removed prior to an MRI scan.**

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| **Animal Number** | **SPF (Yes/No)** | **Weight** | **Date** | **Start Time** | **End Time** | **Location (if requesting transport)** | | |
| **Building** | **Room** | **Cage** |
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**Animals with surgically implanted devices cannot be given an MRI scan. \*\*Animals not fasted will not be scanned!\*\***

**Please indicate if any of the following are to be done by MRI**:

**Additional Comments/Special Handling Requirements:**

☐ Arrange for Sedation/Transport

☐ Intubate

☐ Place catheter

☐ Administer contrast agent: specify contrast agent/s

☐ Recover

**Please indicate times for subsequent procedures below (Nx, Sx, etc.)**