



New Application   
Renewal

## Center for Advanced Computed Tomography Imaging Services (CACTIS) Animal Application Form

**Instructions:** Fill in the gray boxes which are unlimited text fields and submit to the CACTIS Manager:  
Lisa.angilletta@pennmedicine.upenn.edu

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CACTIS Submission DATE: \_\_\_\_\_ IACUC #: \_\_\_\_\_

Protocol Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Address: \_\_\_\_\_

Office number: \_\_\_\_\_

Pager number: \_\_\_\_\_

Email address: \_\_\_\_\_

Study Contact\*: \_\_\_\_\_

Address: \_\_\_\_\_

Office phone number: \_\_\_\_\_

Pager number: \_\_\_\_\_

Email address: \_\_\_\_\_

*\*This is the person to be contacted on the day of the study and in case of an emergency.*

Collaborating Radiologist\*\*: \_\_\_\_\_

*\*\*Must have a faculty member of the radiology department listed.*

Office phone number: \_\_\_\_\_

Pager number: \_\_\_\_\_

Email address: \_\_\_\_\_

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Is this study funded? YES  NO

a. Funding Source: \_\_\_\_\_

b. Name and phone number of Department Business Administrator:

\_\_\_\_\_

c. 26-digit FINMIS account number: \_\_\_\_\_

*NOTE: Protocols will not be approved for scanning privileges until account number is received*

Principal Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_

*(By signing, the investigator agrees the information provided is correct to the best of his/her knowledge and agrees to be responsible for costs incurred for the use of the CT room, including the cost of a CT technologist's time and contrast agent if used.) Request a rate card.*

*This form is completed by:*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



## CT REQUEST DETAILS

- Give a brief description of the protocol:
  - \_\_\_\_\_
- Describe the type of animal and total number of animals to be scanned.
  - \_\_\_\_\_
- Describe the purpose of the CT scan:
  - \_\_\_\_\_
- List the type of CT you are requesting: CT: \_\_\_\_\_  
(Examples: CT Head, CT abdomen, CT lumbar spine, etc.).
- Check the type of CT imaging protocol that will be used?
  - Standard
  - Custom (*If custom please complete the form on the last page or ask the collaborating radiologist to assist with this*)

## CONTRAST

- Are you using the department's CT IV contrast?      **YES**       **NO**
- Are you using the department's oral CT contrast?      **YES**       **NO**
- Are you using other contrast? (describe other contrast): \_\_\_\_\_

**How many animal CT scan sessions will be required for this project?** \_\_\_\_\_

- How long for each session? \_\_\_\_\_
- How many times per week, month or year? \_\_\_\_\_
- Do you require help with the CT protocol?      **YES**       **NO**
- Are you providing a CT protocol?      **YES**       **NO**

If yes, fill in the custom protocol page below or attach the protocol to this application.

**Has this study been approved by the IACUC?**      **YES**       **NO**

IACUC Expiration date#: \_\_\_\_\_

If yes, please attach a copy of the approval letter with this application.

Note: Letters of transit /approval from infection control are no longer required, approval is included during the IACUC review.

## ANIMAL TRANSPORT and INFECTION CONTROL

Describe how you will transport the animal and include the travel route: \_\_\_\_\_

(For CACTIS review, please submit the relevant IACUC application sections that include both travel and infection control measures that will be used)

List the location the animal is coming from: \_\_\_\_\_



List the location of the CT scanner you are requesting to use; the location should be the shortest distance for transporting animals.

CT – HUP, Dulles bldg. radiology ground floor: \_\_\_\_\_

CT – Perelman Outpatient, ground floor radiology: \_\_\_\_\_

**ANIMAL CARE AND ROOM PREPARATION**

List the contact information for the research staff person(s) responsible for handling the animal, room prep and CT room clean-up (decontaminating the CT scanner after the procedure, removal of waste).

Name and phone number for the day of the study: \_\_\_\_\_

What cleaning solution will be used for decontamination? \_\_\_\_\_

Are there any risks of contamination to staff or patients? YES  NO

If yes, please give a brief explanation of possible contaminants and any special precautions or steps that will be taken to avoid contamination: \_\_\_\_\_

Will any hazardous, infectious material be used for this study? YES  NO

Explain any special conditions or precautions that the CT staff should be aware of: \_\_\_\_\_

*Note:*

*Please bring all supplies with you, plastic drapes, cleaning supplies, absorbent pads, plastic bags, etc.*

*All trash should be transported back to the animal lab for disposal, (except for sharps, there is a sharps container in each room if needed).*

*Note: CT staff are not to handle animals; they may assist with the room preparation.*

**CT TECHNOLOGIST**

In most instances, a registered CT technologist is required to be present and perform the CT scanning.

A CT technologist must volunteer to scan for animal studies and they are paid at the overtime rate.

CT scanning is dependent on the availability of a CT technologist and scan time is only available during off hours at HUP or the Perelman outpatient center.

Will a registered CT technologist be needed for scanning? YES  NO

If no, do you have a radiography/fluoroscopy operator certificate? YES  NO

*(If yes, please provide a copy with this application)*

**HOLDING FACILITY**

Will animals need to be held in the CT suite for an extended period? YES  NO

CACTIS *does not have facilities* to house animals, there are radiology facilities in SMILOW.

Contact Norman Butler to discuss availability and costs. ([Norman.Butler@uphsupenn.edu](mailto:Norman.Butler@uphsupenn.edu) or Katie Malitsky)



## ANIMAL CT PROTOCOL PAGE

Please provide the CT exam type:

Example: head, neck, lung, abdomen, lower extremity, whole body.

PI Name: \_\_\_\_\_ IACUC #: \_\_\_\_\_

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### Custom Protocol Table

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Please provide parameters in the table below.

kV	
mAs	
Slice collimation	
Slice width	
Feed/Rot.	
Rot. Time	
Recon. Kernel	
Increment	
Direction	
Coverage	
Oral contrast	
IV contrast	
IV contrast injection rate	
Scanning Delay	

**NOTE:** Post-processing, including sagittal or coronal multiplanar reformatting, etc, can be done automatically on the CT console. Any additional post-processing will be charged a separate rate. This rate must be negotiated and signed off on prior to the study start date.

**Additional reconstructions?** YES  NO

Please provide explanation: \_\_\_\_\_

**Post Processing:** YES  NO

Coronal MPR: \_\_\_\_\_

Sagittal MPR: \_\_\_\_\_

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PI Name: \_\_\_\_\_ IACUC #: \_\_\_\_\_

*CT - Animal research*

*THIS SECTION TO BE FILLED OUT BY RESEARCH COMMITTEE*

DATE RECEIVED: \_\_\_\_\_ DATE OF REVIEW: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_

REASON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NUMBER OF HOURS APPROVED SESSIONS: \_\_\_\_\_

CACTIS ACCOUNT CODE: \_\_\_\_\_