

**School of Biomedical Sciences CUHK**  
**Application to Operate Irradiating Apparatus - Bruker Xtreme In vivo Imaging System**  
**(LIBSB 717)**

CU Staff/Student ID#	Name in English	Name in Chinese	
CU E-mail		<b>SBS Registered User:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Checked by Core Staff)	
Lab No. / Tel No.	/ 3943-	Mobile No.	

**For Principal Investigator only:**

Name of Principal Investigator:	
Room no. & Office Tel No. /	CU E-mail:

**Thematic Research Program:** (Please tick)  CI  NDDR  RDE  SCR  VMB

**Project title:**

\_\_\_\_\_

\_\_\_\_\_

**Declaration:**

I hereby declare that I have read and will comply with the provisions of the following ordinances issued by CUHK and the Laws of Hong Kong:

1. "Radiation Ordinance (Cap 303,303B)"
2. "Animals (Control of Experiments) Ordinance (Cap 340)"
3. "Animal Experimentation Ethics Committee"
4. "General Guidelines on Core Laboratory Usage"

**End User's Signature:**

**Principal Investigator's Signature:**

**Appendix 1: Required documents to be submitted to Core Laboratories:**

Organization	Type of License/Approval	License/Approved number	Start date	End date	Office use
1. Radiation Board	Irradiating Apparatus license				
2. USO CUHK	Radiation Permit				
3. Occupational Safety & Health Council	(RA) Certificate of Competence in Ionising Radiation Protection				
4. Animal Experimentation Ethics Committee	AEEC approval				
5. Department of Health	Animal License				

**Appendix 2: Animal Imaging Preparation (tick or delete if appropriate)**

<b>Animal types:</b> MICE / RAT	<b>Modality:</b> <input type="checkbox"/> Fluorescent <input type="checkbox"/> Bioluminescent <input type="checkbox"/> X-Ray
<b>Strain type:</b> _____	<b>Fluorescent Dye(s) used:</b> _____
<b>Anesthetic agent:</b> _____	<b>Bioluminescent Reagent(s) used:</b> _____
<b>Injection mode:</b> IP / IV / Isoflurane Gas* (*user provided)	
<b>Target Organ(s):</b> _____	