

Date:

Micro-CT Work Request

Submitter:

| | |
|----------------------------|--|
| Principal Investigator/Lab | |
| Number of samples | |
| Describe | |
| Define region of interest | |

Analysis

- | | |
|---|--|
| <input type="checkbox"/> 3D Rendering | <input type="checkbox"/> Spine cortical (which vertebra?) |
| <input type="checkbox"/> Femur trabecular | <input type="checkbox"/> Fracture callus |
| <input type="checkbox"/> Femur midshaft (cortical) | <input type="checkbox"/> Graft callus (multiple regions?) |
| <input type="checkbox"/> Tibia trabecular | <input type="checkbox"/> Knee bone volume |
| <input type="checkbox"/> Tibia midshaft (cortical) | <input type="checkbox"/> Vascular volume (special pictures or data?) |
| <input type="checkbox"/> Tibia subchondral | <input type="checkbox"/> Talus |
| <input type="checkbox"/> Special cortical (explain) | <input type="checkbox"/> Patella |
| <input type="checkbox"/> Spine trabecular (which vertebra?) | <input type="checkbox"/> Other special analysis |

Additional Requirements:

Specimen Plan

Genotypes/Treatments

Age/Time Point

N (5 max)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Submitted By: _____

P.I. Signature: _____