Cnalogo

**REQUEST FOR USE OF THE PET/CT FROM THE CENTER OF DIAGNOSTIC IMAGING AT THE NATIONAL CENTER OF ACCELERATORS (CDI-CNA)**

***NON CLINICAL USE***

**V 3.2 (07/06/2017)**



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| --- | --- | --- | --- | --- |
| **DATA FOR THE (To be completed by personnel of the CNA) CNA** | | | | |
| Date of the submission of the application: | | Cost of the measure: | | N ° reference CNA: |
| Accepted by the Committee scientific | Date of acceptance: | | Optional in support (If was necessary): | |

TITLE OF APPLICATION AND ASSOCIATED PROJECT

|  |
| --- |
| 1.- Title of application:  2.- Name and code of research project: |

THE APPLICANT OF THE STUDY DATA

|  |  |  |  |
| --- | --- | --- | --- |
| Organization or company: | | | |
| Department: | | | |
| Name: | | Last name: | |
| E-mail: | Phone: | | Fax: |
| Registered office: | | | Date of application: |

Brief description of the experiment to be carried out and radiopharmaceutical, en case of be required:

TYPE OF APPLICATION: STUDY TO BE CARRIED OUT

|  |  |
| --- | --- |
|  | |
| Number de samples | images post-treatment |
|  | Yes  Not |

Justification of the scientific interest of the proposal, specifying publications and projects that support the ability of the team responsible for:

JUSTIFICATION OF THE STUDY

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| --- |
|  |

Project of research in which has framed the proposed:

-Title:

-Agency funding:

-Researcher responsible for:

STAFF THAT PARTICIPATES IN THE STUDY

|  |
| --- |
| **Optional:** |
| **Nursing:** |
| **Technical:** |

Indicate if sand requires the collaboration ofl personal of lto CDI-CNA

MEASURES SPECIFIC FOR PROTECTION RADIATION TO APPLY

|  |
| --- |
| (to be completed by personnel of the ANC)  SPECIAL RECOMMENDATIONS RADIATION PROTECTION:  YES (SPECIFY)  NOT  DATE:  FDO. SUPERVISOR/JPR |

BILLING INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| You can check the rates on the website of the ANC: [www.cna.us.es](http://www.cna.us.es) | | | | | | |
| **Billing with charge to projects exclusively of la Universidad Seville (All fields are mandatory and binding)** | | | | | | |
| Name of person in charge | | | | Project code | | |
| E-mail | Number of Organica | | Number of project | | Signature of conformity and date: | |
| **Concept or the invoice description:** Indicate the concept that you want to appear on the invoice. If you do not indicate this, a generic description will be used. | | | | | | |
| **Breakdown of the invoice:** Indicate if want that in the invoice appears the breakdown of the expenditure by unit and price per unit.  Yes  Not | | | | | | |
| **Billing charged to other entities (All fields are mandatory and binding)\*** | | | | | | |
| Name / institution | | | | E-mail | | |
| Fiscal Address | | TAX ID (CIF/VAT) | | | | Signature of conformity and date: |
| **Electronic invoicing (FacE):** Fill in case of treat is of management public, the agency that facture.  Organ (OG) Manager:  Office Accounting Officer (OC):  Unit insurance (UT):  Organ proponent (OP): | | | | | | |
| **Concept or the invoice description:** Indicate the concept that you want to appear on the invoice. If you do not indicate this, a generic description will be used. | | | | | | |
| **Breakdown of the invoice:** Indicate if want that in the invoice appears the breakdown of the expenditure by unit and price per unit.  Yes  Not | | | | | | |
| **Billing through collaboration agreements with the ANC** | | | | | | |
| Name of the Convention: | | | | | | Signature of conformity and date |

**\* Invoicing not charged to projects of the University of Sevilla will be increased in correspondent VAT.**

The application will be filled in and sent by e-mail to [solicitudescna@us.es](mailto:solicitudescna@us.es).

The applicant is committed to acknowledge the use of the CNA facilities in the publications and communications derived from the experiments performed, and to send a copy of them to the CNA.

The applicant is committed to inform CNA the results obtained, references of publications, conference communications, spin-off, startup, .......

(1))Use of PET-CT applications will be sent to the national centre of accelerators ([solicitudescna@us.es](mailto:solicitudescna@us.es)), according to the model available on the website of the Center ([www.cna.us.es](http://www.cna.us.es)) in the use requests section.