

**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

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

THE APPLICANT OF THE STUDY DATA

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| 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

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| 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

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

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

MEASURES SPECIFIC FOR PROTECTION RADIATION TO APPLY

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| (to be completed by personnel of the ANC)SPECIAL RECOMMENDATIONS RADIATION PROTECTION: [ ]  YES (SPECIFY) [ ]  NOTDATE:FDO. SUPERVISOR/JPR |

BILLING INFORMATION

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| 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.

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), 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.