



Yale Small Animal Imaging Center

Yale Small Animal Imaging Center microCT Invoice

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Submission Date of Samples Completion Date

Investigator(s) Department

Contact: Phone

Description of experiment

Please mark samples clearly with bone type, sex, treatment group, and age

Species mouse rat human other—specify _____

Strain: _____

BoneTypes: for mice, we routinely scan mid-shaft and distal femur and 3rd lumbar vertebrae

<input type="checkbox"/>	Femur	<input type="checkbox"/>	Femur	<input type="checkbox"/>	Femur
<input type="checkbox"/>	3 rd Vertebra	<input type="checkbox"/>	3 rd Vertebra	<input type="checkbox"/>	3 rd Vertebra
<input type="checkbox"/>	Tibia	<input type="checkbox"/>	Tibia	<input type="checkbox"/>	Tibia
<input type="checkbox"/>	Other—Please specify:	<input type="checkbox"/>	Other—Please specify:	<input type="checkbox"/>	Other—Please specify:
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Number of Samples # in Control Group # Experimental Group

Age of Males Age of Females

Number of Male Samples Number of Female Samples

Please note that samples will not be analyzed without proper billing information.

Cost Center
Or Billing Info:

Please print this form and include it with your samples