

Animal transport to and from the PET center

Project leader:		FOTS number:		Analysis number:		Dept. code:	
Tracer*:		Fill in the form and e-mail a copy to all of the following addresses; helen.otteraa@uib.no ; hans.rolfsnes@uib.no ; dyreavdelingen@uib.no					

Please label the cages to be moved in advance

Date for transport to the PET center	From Vivarium or BBB?	From which room number	Phone number to animal contact person (in case of animal sickness etc.)	Cage number	Number of animals in the cage	Should the animals be returned to the animal facility? * (Yes/No)	If yes; Returning date

* Animals must stay at the animal facility for at least 10 half-lives