

MicroCT Application Form - Zeiss Versa 620

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| **Full name** |  |  | **Date** | \_\_/\_\_/20\_\_ |

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| --- | --- |
| **Email address** |  |

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| --- | --- |
| **Supervisor** *(if applicable)* |  |

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| **Institution/School/Department**  |  |

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| **Project title** |  |

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| **Project type** |  Academic Research [ ]  Commercial [ ]  Public Engagement [ ]  |

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| **Project description***Brief outline**i.e. <200 words* |  |

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| **Does your project require ethical approval?** |  Yes [ ]  No [ ]  |

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| **Sample description***e.g. number of samples**sample dimensions**sample composition* |  |

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| **Any additional requirements***e.g. resolution, data formats* |  |

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| **Deadline for completion of µCT scans** | \_\_/\_\_/20\_\_ |

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| **Have you been trained to operate Zeiss Versa systems?** |  Yes [ ]  No [ ]   |

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| **Do you have experience of µCT image analysis?** |  Yes [ ]  No [ ]  |