

| Basic information about sample/-s | |
|---|---|
| Type/name of sample/-s: | |
| Number of samples: | |
| Sample owner (producer): | |
| Sample description (including visual aspect and cover description): | |
| | |
| Sample content: | |
| | |
| Origin of sample: | |
| | |
| Description of the fixing/storage solution around the sample (in case of fixation or stabilization): | |
| | |
| Store conditions: | Stable in time for (+ approx. number): |
| <input type="checkbox"/> in fridge <input type="checkbox"/> at laboratory temperature (max 25°C) <input type="checkbox"/> protect from sunlight <input type="checkbox"/> in freezer <input type="checkbox"/> other: | <input type="checkbox"/> days: <input type="checkbox"/> weeks: <input type="checkbox"/> months: <input type="checkbox"/> years: <input type="checkbox"/> other: |
| Safety without opening the cover of the sample: | Safety in case of opening the cover of the sample: |
| <input type="checkbox"/> using gloves <input type="checkbox"/> using respiratory mask, filter type: <input type="checkbox"/> using fume hood <input type="checkbox"/> other: | <input type="checkbox"/> using gloves <input type="checkbox"/> using respiratory mask, filter type: <input type="checkbox"/> using fume hood <input type="checkbox"/> other: |
| Contamination of sample (if necessitated by the measurement arrangement): | |
| <input type="checkbox"/> opening the cover of sample is forbidden <input type="checkbox"/> no contamination <input type="checkbox"/> only after consultation with owner | <input type="checkbox"/> possible contamination with reservation: <input type="checkbox"/> possible contamination approved |
| The disposal of used sample after the end of measurement: | |
| <input type="checkbox"/> liquidation by owner <input type="checkbox"/> liquidation by ISI Brno (requirement – previous agreement with ISI) | |

| |
|---|
| Purpose of MRI measurement: |
| |
| The expected format of data results (for example: only images without/with notes, quantitated data,...): |
| |
| The expected date of results: |
| Methodology recommendations*: |
| |
| <small>*Extracts with similar samples from published literature (with marked MRI parameters). List of literature without marking important sections will not be accepted.</small> |
| List of attached documents and references: |
| |

I, the undersigned, do hereby swear that the aforementioned information is true and factual to the best of my knowledge. The information will be used for the sole purpose of MRI measurement.

Date:

Signature: _____