

SMALL ANIMAL IMAGING ORIENTATION (COM)

DIVISION OF COMPARATIVE MEDICINE

Employee Information:

Name: _____ Date: _____

Position: _____ Employee Status: Faculty ___ Student ___ Staff ___ Other: _____

PI: _____ Phone: _____ Mailbox: _____ E-mail: _____

GENERAL ORIENTATION

Provided by Facility Manager

Access

_____ Granted only after documented completion of this equipment and room orientation with **Technical Leadership**, either Dr. Siva Panguluri at 974-6571 or spangulu@usf.edu for use with the Vevo ultrasound in COM room 1321S and Karoly "Charlie" Szekeres at kszekere@health.usf.edu for access to the IVIS Lumina III in COM room 1320S, or with Chris Katnik at 974-4679 or ckatnik@health.usf.edu for the iThera MSOT in COM room 1319S, and signature of the **Facility Manager** below.

_____ Granted only after written assurance by signatures below that this request for equipment use has been preceded by imaging equipment use self-training and imaging room use in-person training, as described below. Imaging suites are restricted to documented trained and approved users only.

_____ After hour, weekend and holiday access must be arranged with the Facility Manager in advance.

_____ Access and equipment use fees are included in CM monthly charge-back invoices, and cover the costs of equipment procurement, equipment oversight (e.g., anesthesia vaporizer recalibrations) and supplies (e.g., isoflurane, oxygen, Oxivir Tb, PPE). Rooms left unclean may incur additional charge-backs.

Training

_____ Instrument/equipment imaging training is required before equipment use and room access being granted.

_____ Training must include self-review and understanding of either the **IVIS living image software user's manual chapters 2-6** or the **Vevo 3100 guide pages 1-12**, or the **Insight/InVision/MSOT user manual parts 1-3**, as appropriate, viewable on the CM website under training & technical resources at <http://www.usf.edu/research-innovation/comparative-medicine/technical-training-resources.aspx>

_____ Equipment is connected to the health shared drive to which images can be saved.

_____ **DO NOT** use a thumb drive with equipment.

_____ Additional IVIS imaging assessment licenses can be procured via Comparative Medicine.

Safety

_____ PPE minimum includes a disposable lab coat, shoe covers, and gloves and sleeves when handling animals.

_____ Any perceived exposure or injury is to be reported to your supervisor.

Scheduling

_____ All imaging equipment use must be scheduled in advance using the web-based calendar viewable at: https://calendar.google.com/calendar/embed?src=comimaging%40gmail.com&ctz=America%2FNew_York

_____ Contact the Facility Manager for access to the calendar. When making a reservation include the instrument/equipment being requested, PI, name of individual using the equipment, phone number, and email.

Decontamination

_____ To prevent the potential spread of microbial agents that jeopardize the validity and reproducibility of data, complicate data interpretation, or introduce zoonotic concerns, procedural areas & equipment must be decontaminated in advance and following use.

_____ Review and understand **SOP #1015 Decontamination of Common Procedural Areas**

_____ It is the responsibility of the individual using a common procedural area to decontaminate the equipment and work surfaces that may come in contact with animals prior to and after each use.

_____ Oxivir Tb spray is available for disinfecting gloved hands and sleeves. **DO NOT spray Oxivir on equipment or into the IVIS chamber.**

_____ Oxivir Tb wipes are available for use on equipment surfaces that may come into contact with animals.

_____ Allow Oxivir Tb 5 minutes of disinfecting contact time prior to animal and equipment use.

_____ Alcohol wipes may be used as an equipment rinse following Oxivir Tb, but is not a surface disinfectant.

Rates

_____ Imaging can be provided by trained Comparative Medicine staff at the current technical service rate.

_____ Daily equipment use fees are charged-back to users in CM monthly invoices.

Orientation & training provided to _____ on ____/____/____
Trainee signature Date

Orientation & training provided by _____ and confirmed by _____
Technical Leadership signature Facility Manager signature