



# MicroCT Core University of Michigan School of Dentistry Sample Submission Form

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## Contact Information:

Date Submitted:

MSK Center Member:      Yes      No

Principal Investigator:

Phone Number:

Department:

Email Address:

Contact Person:

Shortcode:

## Project Information:

Is this a continuation of a previous project?           

### If Yes:

Please provide your previous sample number, CTR file number or date of scan:

### If No:

Purpose of Study: .....U      .....j      .....\

Origin of Sample/Species: .....U      .....k      ..... =      .....\

Sample Size: (ex: tibia, skull, 2cm)

Number of Samples:

Additional Comments or Requirements: