

AIMS Project Intake Form

Researcher Information

Principal Investigator	
PI Email	
Team Contact	
Contact Email	
MoCode/PO	

Experiment Information

Anticipated Start Date	Actual Start Date												
Anticipated End Date	Actual End Date												
Biosafety Level													
Agent													
Animal Model													
Number of Animals													
Terminal Collection List Include techniques, tissue types, fixatives, etc.													
Analytical Support (check all that apply)	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Intelliflex</td> <td style="padding: 2px;">MSD QuickPlex</td> <td style="padding: 2px;">CTL Immunospot</td> <td style="padding: 2px;">Nikon</td> </tr> <tr> <td style="padding: 2px;">LagoX</td> <td style="padding: 2px;">LagoX</td> <td style="padding: 2px;">LagoX</td> <td style="padding: 2px;">VetAxcel</td> </tr> <tr> <td style="padding: 2px;">X-Ray</td> <td style="padding: 2px;">FLI</td> <td style="padding: 2px;">BLI</td> <td></td> </tr> </table>	Intelliflex	MSD QuickPlex	CTL Immunospot	Nikon	LagoX	LagoX	LagoX	VetAxcel	X-Ray	FLI	BLI	
Intelliflex	MSD QuickPlex	CTL Immunospot	Nikon										
LagoX	LagoX	LagoX	VetAxcel										
X-Ray	FLI	BLI											
Project Description	Other:												
Project Goals													
Additional Notes													

Internal Use Only

Project ID	
Experiment ID	
Additional ID(s)	

Submit completed forms to Alexandra DeWitt (DeWittA@missouri.edu) and Christopher Johanning (JohanningCW@missouri.edu) Please allow 24 hours for a response.