

REQUEST FOR

- SERVICES**
 COLLABORATION

This request shall be returned **by email** at : contact-mircen@cea.fr

PROJECT IDENTIFICATION	
Brief Identification	
Full project title	
Prime investigator	Name : Surname : Address : Phone : e-mail :
Laboratory	
Research Organism	
Head of the laboratory	
Grant origin	<input type="checkbox"/> Public <input type="checkbox"/> Europe <input type="checkbox"/> Fondation <input type="checkbox"/> Private <input type="checkbox"/> Other (please, detail) :
Budget	

Commissariat à l'énergie atomique
MIRCent
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1. PROJECT SUMMARY

1.1) Goal

1.2) Key words

1.3) Abstract (*scientific rationale and expected results*)



2. SPECIFIC SERVICES

2.1) Expérimental design

2.2) Specific services to be provided by MIRCen (Briefly describe your needs caractrizing the prurposes in the fileds of animal facilities (list species and effectives), vectorology, surgery, behaviour analisys, electrophysiology, immunohistochemistry, imaging (MRI, PET), anatomopathology)

2.3) Project team implication

2.4) Other laboratories associated to the project



2.5) Biosafety and regulatory information *(In particular, if the project involves an infectious agent or derived product, it shall be mentioned as well as the biosafety level)*