

SERVICE REQUEST FORM FOR HUMAN PHENOTYPING CORE

**IMAGE ANALYSIS LABORATORY (IAL)
NEW YORK OBESITY NUTRITION RESEARCH CENTER**

PROJECT PI: Last Name _____, First Name _____
 Phone#: _____ EMAIL: _____

PROJECT TITLE: _____

NUMBER OF SUBJECTS TO BE MEASURED: N= _____; **TIME POINTS:** _____
 _____ M, _____ F **AGE RANGE:** _____ TO _____

Note: Below are the most commonly requested analyses. Please contact the Image Analysis Lab Director for advanced protocols and customized protocols and associated quotes.

| Measurement | Type | Member | Academic Non-Member | |
|--|--|--------|---------------------|--|
| <input type="checkbox"/> MRI | | | | |
| <input type="checkbox"/> Whole body MRI | Subcutaneous, visceral, intramuscular adipose tissue, skeletal muscle, and residual in whole body and regions of Arms, trunk, and legs | | | |
| <input type="checkbox"/> Abdominal MRI | Subcutaneous, visceral, intramuscular adipose tissue, skeletal muscle, and residual in abdomen | | | |
| <input type="checkbox"/> Single slice MRI at abdomen | Subcutaneous, visceral, intramuscular adipose tissue, skeletal muscle, and residual tissue areas; deep and superficial subcutaneous adipose tissue upon request. | | | |
| <input type="checkbox"/> Organ volume analysis | | | | |
| <input type="checkbox"/> Brain volume analysis | | | | |
| <input type="checkbox"/> Bone marrow analysis | Bone marrow adipose tissue | | | |
| <input type="checkbox"/> MRS fat quantification for liver, muscle, pancreas, and bone marrow | | | | |
| <input type="checkbox"/> Each site | Organ, bone marrow or muscle fat | | | |
| <input type="checkbox"/> Dixon method for organ fat quantification | | | | |
| <input type="checkbox"/> CT | | | | |
| <input type="checkbox"/> Abdominal CT | Subcutaneous, visceral, intramuscular adipose tissue, skeletal muscle, and residual in abdomen | | | |
| <input type="checkbox"/> Single slice CT at abdomen | Subcutaneous, visceral, intramuscular adipose tissue, skeletal muscle, and residual tissue areas, superficial subcutaneous adipose tissue upon request. | | | |

For inquiries or cost information, please contact WS2003@columbia.edu

Queries from industry sponsored users are welcome and should be sent to the director.