

# SERVICE REQUEST FORM FOR HUMAN PHENOTYPING CORE

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

|                                                                                    |
|------------------------------------------------------------------------------------|
| <b>PROJECT PI:</b> Last Name _____, First Name _____<br>Phone#: _____ EMAIL: _____ |
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| <b>PROJECT TITLE:</b> _____<br>_____ |
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| <b>NUMBER OF SUBJECTS TO BE MEASURED:</b> N= _____; <b>TIME POINTS:</b> _____<br>_____ M, _____ F <b>AGE RANGE:</b> _____ TO _____ |
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**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<br>Non-<br>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"/> Lower leg MRI                                                       | Subcutaneous, intramuscular adipose tissue, skeletal muscle, and residual in legs                                                                                |        |                            |  |
| <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                                               | Liver, spleen, kidneys, lungs,                                                                                                                                   |        |                            |  |
| <input type="checkbox"/> Brain volume analysis                                               |                                                                                                                                                                  |        |                            |  |
| <input type="checkbox"/> Bone marrow analysis                                                | Bone marrow adipose tissue                                                                                                                                       |        |                            |  |
| <input type="checkbox"/> Epicardial and pericardia adipose tissue                            |                                                                                                                                                                  |        |                            |  |
| <input type="checkbox"/> Ovary and follicle analysis                                         |                                                                                                                                                                  |        |                            |  |
| <input type="checkbox"/> Cortical bone analysis                                              | Cortical bone area or volume                                                                                                                                     |        |                            |  |
| <input type="checkbox"/> Airway diameter analysis                                            |                                                                                                                                                                  |        |                            |  |
| <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"/> 31P MRS analysis                                                    |                                                                                                                                                                  |        |                            |  |
| <input type="checkbox"/> 3He and 129Xe MRI analysis                                          |                                                                                                                                                                  |        |                            |  |
| <input type="checkbox"/> Dixon method for organ and tissue fat quantification                | Liver, pancreas, muscle                                                                                                                                          |        |                            |  |
| <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. |  |  |  |
| <input type="checkbox"/> Airway diameter analysis                                                                                   |                                                                                                                                                         |  |  |  |
| <input type="checkbox"/> Other customized analysis for MRI, CT or other image modality analysis (please describe briefly your need) |                                                                                                                                                         |  |  |  |

**For inquiries or cost information, please contact [WS2003@columbia.edu](mailto:WS2003@columbia.edu)**

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