

Biomedical Imaging Research Core (BICOR) Order Form

Date _____

Title of Project – _____

Name of Person Placing Oder - _____

Name of Principal Investigator - _____

Email Address - _____

Phone Number - _____

Radio Tracer Requested - _____

Any Special Requirements - _____

Desired Date for Delivery - _____

Desired Calibration Time - _____

Desired – Strength _____ mCi - Concentration _____ mCi/mL

Unless otherwise requested, doses will be packaged in an appropriate volume syringe. Package shielding must be returned to BICOR.

Please send the request to the radiopharmacists listed below in order to be sure your order is entered in a timely way.

Justin M Paolino, JPAOLINO@PARTNERS.ORG
Michael T Kukler, MKUKLER@PARTNERS.ORG
Jonathan K Barlow, JKBARLOW@PARTNERS.ORG

Please note that BICOR staff will do their best to accommodate delivery date and time requests, however availability depends on working within a complex schedule. Please plan to discuss availability with a Radiopharmacist at the time orders are placed.