

BETH ISRAEL DEACONESS MEDICAL CENTER
MRI REQUEST FORM

**THIS FORM MUST BE COMPLETED AFTER USING THE MRI MACHINE AND EMAILED
TO Marissa Cortopassi (mcortopa@bidmc.harvard.edu)**

NOTE: The MRI glass tube (if needed) can be found in the Banks Lab (CLS 728).

PRINCIPAL INVESTIGATOR:	
USER NAME:	
DATE AND TIME OF SCHEDULE:	
GRANT NUMBER/SERVICE PROVIDER:	
NUMBER OF MICE:	
NUMBER OF HOURS OF USE:	
REQUIRE THE MRI GLASS TUBE? <i>(INDICATE YES/NO)</i>	

SERVICE CHARGES:

Endocrinology Department - \$50/hour (performed by investigator)

-\$75/hour (performed by core)

Other Divisions: \$100/hour (performed by investigator)

\$75/hour (performed by core)

(NOTE: ALL PAYMENTS WILL BE REVIEWED AT THE END OF THE EACH QUARTER AND THE CHARGES SUBMITTED TO RESEARCH ADMINISTRATOR).

Please be sure that you comply with the animal facility requirement and clean the MRI tube with Cidex after you are done.