



BIDMC Translational MRI Research Request for MR Scan Time Form

Date Form Completed:

1. Project Title:

2. Short Title (5 words or less):

3. Brief Project Description:

4. Protocol # (If applicable)

IRB Protocol Number:	Approval Date:	Expiration Date:
IACUC Protocol Number:	Approval Date:	Expiration Date:

5. Anticipated Start Date:	Projected End Date:
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6. Name of the Principal Investigator

Name:	Dept:
Address:	
Phone:	Fax:
Email:	

7. Name of the Primary Contact Person e.g. responsible for running project on-site

Name:	Dept:
Address:	
Phone:	Fax:
Email:	

Cell phone for emergency contact (e.g. scanner is down, snow storm, etc.):



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8. Please check one:

Funded Research Project

Unfunded Pilot Study

For Pilot Projects Only (obtaining data with subjects for future funded projects):

Number of hours of MR scan time requested for pilot study (20 hours max.):

If data is to be used for a grant application, please provide potential funding source and application deadline:

Date email request sent to dalsop@bidmc.harvard.edu:

Note: Pilot projects **must be** approved in writing before completing this form. If you exceed approved hours, you must reapply for additional hours. Please contact MRI Research at MRIResearch@bidmc.harvard.edu with any questions.

For ALL Funded Accounts:

Source (e.g. NIH, etc.) of Funding:

Duration of Funding: Start Date:

End Date:

Grant Number if applicable (e.g. NIH, etc.):

Billing Information:

Research Administrator:

Phone:

Address:

Email:

BIDMC Dept. ID:

Please provide the names and email addresses where the invoice should be sent to (i.e. PI, CRA, Research Administrator, etc.):

Imaging Protocol:

Was this study derived from BI Pilot MR data? Yes No

For industry-sponsored studies, did your sponsor provide a specific protocol and imaging manual? Yes No

If yes, please email this to MRIResearch@bidmc.harvard.edu

Is Pre-Protocol Development Required--setting up the protocol/sequences with the technologist on the scanner?

Yes No

Number of hours requested for protocol development (should not exceed 5 hours):

Name of person you are working with from MRI Research re: protocol development, if applicable:

If protocol is known, please list sequences:

9. Which magnet will be used:

1.5T

3T

Both 1.5T and 3T

West Campus MRI



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10. Estimated duration and total number of scanning sessions requested.

*Reminder, a standard study slot consists of a 45 minute scan and 15 minutes for setup, breakdown, and cleaning. Please also include the time to set up study equipment. Studies will be booked and charged in 30 minute increments. The time may be adjusted accordingly after the pre-protocol phase is complete. Please contact Fotini Papadopoulou, MRI Research Technologist, with questions related to scan duration @ 617-667-2156 or email fpapadop@bidmc.harvard.edu

Total number of subjects:

Total number of scans/subject:

Estimated scan time/subject:

11. Will healthy volunteers be scanned?

Yes No

Number of healthy volunteers to be scanned:

Frequency of scan(s) per healthy volunteer and interval:

12. Will patients be scanned?

Yes No

Number of patients to be scanned:

Frequency of scan(s) per patient and interval:

Are these clinical scans that need to be booked in CCC and charged to the patient's insurance? Yes No

Will your study use LAR's to obtain consent? Yes No

If yes, will the LAR/a family member familiar with the patient's medical history be able to accompany them to the MRI to complete and review the MRI Safety Form? Yes No

13. Will contrast be used?:

Yes No

If yes:

Type, dose & route:

Administered by: prior to scan during scan

Type, dose & route:

Administered by: prior to scan during scan

14. Will medications other than contrast be administered prior to the scan or during the scan?:

Yes No

Type, dose & route:

Administered by: prior to scan during scan

15. Is a clinical interpretation of the images required?

Yes No

If yes, is a Radiology read on BIDMC letterhead, as opposed to a formal read in the medical record sufficient: Yes No

If no, please explain what is needed:



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16. Will animals be used in this study:

Yes

No

If yes, please describe the details of the study in an attached document or email to MRIResearch@bidmc.harvard.edu

17. Do you or your sponsor have a preferred form of data transmittal (Sponsor upload, SFTP, XNAT, etc.)? Yes No

If yes, please describe:

18. Do you or your sponsor require the having the original copy of the safety checklist (as opposed to a copy)?

Yes No

19. Will hazardous chemicals, inhalational anesthetics, or infectious agents be used in this study? Yes No

If yes, please describe the details of the study in an attached document or email to MRIResearch@bidmc.harvard.edu

20. Will you be bringing any objects or devices that will need to enter the MRI Room during this study? Yes No

If yes, please send the of the object/device in an attached document or email to MRIResearch@bidmc.harvard.edu

21. Will you be using any non-FDA approved devices during the MRI Scan? Yes No

If yes, please describe:

I attest the information provided in this application is current and accurate. I will adhere to the BIDMC policies as stated in the Ansin Research scanners, MRI Policy and Procedures and ensure finance responsibility for the cost of the study.

Printed Name of Principal Investigator:
(Electronic Signature)

Date:

Checklist for Submission

- Completed Requisition for MR Scan Time (submit e-version with electronic signature)
- Research Protocol (Part B of BI IRB application is sufficient), Part A, and Research Staffing Form
- Current IRB Approved consent form (electronic PDF preferred)
- IRB approval letter from home institution (electronic PDF Preferred)
- Part E and H of BIDMC IRB application if using contrast agents or other medications, along with IRB approval documentation
- Submit all documents to the MRI Research at MRIResearch@bidmc.harvard.edu

ADMINISTRATIVE USE ONLY

Date Forms Received:

MRI Schedule Study ID Title:

Approved Scan Rate:

Data Transfer Method:

Approved Scan Time Slot:

Approval from MR Research: