



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.):	



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 mfox2@bidmc.harvard.edu and 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:

Billing Information:

Research Administrator:

Phone:

Address:

Email:

Established studies: BIDMC Account Number:

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

Was study derived from BI Pilot MR data? Yes

No

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

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 Kourtellis, MRI Research Technologist, with questions related to scan duration @ 617-667-2156 or email fkourtel@bidmc.harvard.edu

Total number of subjects:

Total number of scans/subject:

Estimated scan time/subject:



11. Will contrast be used?: No Yes
 If yes, please submit the approved Part E.

Type, dose & route:
 Administered by prior to scan during scan

Type, dose & route:
 Administered by prior to scan during scan

12. Will medications other than contrast be administered prior to the scan or during the scan?: No Yes

Type, dose & route:
 Administered by prior to scan during scan

Type, dose & route:
 Administered by prior to scan during scan

Type, dose & route:
 Administered by prior to scan during scan

13. Will healthy volunteers be scanned? Yes No

Number of healthy volunteers to be scanned:
 Frequency of scan(s) per healthy volunteer and interval:

14. Will patients be scanned? Yes No

Number of patients to be scanned:
 Frequency of scan(s) per patient and interval:

Are there 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

15. 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
 What is your IACUC approval number: IACUC Approval Date: IACUC Expiration Date:

16. 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

17. 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

18. Will you be using the Nova Head Coil or any other non-FDA approved devices during the MRI Scan? Yes No

If yes, please submit the approved Part G and name the device and its purpose:



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 Part H of BI 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:

Approval from MR Research: