



UVM Center for Biomedical Imaging Proposal for MRI Use

Please Submit Electronically

(Please do not edit this document on a Mac computer. The document will not format properly.)

Date:

1. Project Title:

2. Principle Investigator(s) Address:

Phone#: Fax#: E-mail:

3. Contact Person or Research Coordinator:

Phone#: Fax#: E-mail:

4. Study start date: Study end date:

5. IRB or IACUC Approval Number (or pending): If IACUC, what species?

6. Chart String or 960 (1) Account#:

7. Funding Source:

(If you are requesting no charge pilot scans, there is an expectation that you intend to apply for external funding based upon the pilot data that you acquire.)

8. Number of imaging sessions needed per month: Total scans needed:

9. Estimated length of time of scanning sessions including setup time
(please use 15 min. intervals):

10. Are there any specific scheduling requirements, such as multiple sessions per week or subject to be scheduled at short notice? Yes No Please Explain:

11. Does your study require MRI Center access outside of the normal operating hours of 8:00 a.m. to 6:00 p.m. M-F?: Yes No

*(*If yes, MRI center Access outside of these hours may be subject to an additional \$100.00 charge per scan.)*

12. MRI Physics Support Requested: Yes No

13. MRI Data Processing Support Requested: Yes No

a. If yes, please explain below:

14. Please list any other equipment that will be needed from the MRI Imaging Center
Other:

15. How do you plan to back up your images? :

16. Does the IRB require a radiologist to review your images? Yes No
If yes, please complete (16 a) and (16 b) below.

a. Has Dr. Nickerson (or other) radiologist agreed to review you scans? Yes No

b. Have you completed a required Department of Radiology MOU form? Yes No

17. What is the anatomical area of interest? :

18. What specific imaging sequences do you need? :

19. Is this pilot data for a grant? : Yes No

a. If yes, what agency do you plan to submit to?

b. Has the grant undergone peer review?

c. What score/percentile did it receive?

d. Is this project designed to satisfy a critique?

20. Can this project be considered part of a UVM initiative? Yes No

a. If yes, which one?

21. Is this a student's project? Yes No

a. If yes, please provide the following information:

i. Student's name:

ii. Program (Neuroscience Graduate Program, etc.):

22. Have all personnel completed MRI Safety Training? Yes No

23. Please provide a brief summary of your proposed project (<300 words) in the space provided below:

24. Do you wish to participate in the MRI data bank protocol? : Yes No
(Contact Jay Gonyea, if you need an explanation)

25. Please list the names of all non FAHC research personnel, along with their FAHC M#, who will be working at the UVM MRI Center: (They must be credentialed by FAHC to work within the MRI space.)

1.	M#
2.	M#
3.	M#
4.	M#

Reviewer signature(s):

1.	Advisory Group Reviewer Date
2.	Advisory Group Reviewer Date
3.	Advisory Group Reviewer Date

Status:

Reason(s) given:

*Anatomical images will be stored in Fletcher Allen Health Care PACS system, as well as an onsite MRI Center server. The MRI Imaging Center is not responsible for moving the image data among various servers once the original scan session has been completed. If you would like to have your images sent to additional offsite locations beyond the local network, you will be responsible for moving them.

Please feel free to contact the person(s) listed below if you have any questions relating to the UVM MRI Imaging Center:

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