



UVM MRI Center for Biomedical Imaging Proposal for 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. Principal Investigator(s):

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 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 your scans? Yes No

b. Have you completed a required Department of Radiology MOU form?
(See form below) 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. All personnel who enter the MRI scan room must be certified to do so. 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
(If so, please designate 1 or 2 key personnel to be added to the MRI databank protocol.)

25. Please list the names of all non UVM Medical Center of research personnel, along with their FAHC M#, who will be working at the UVM MRI Center: (They must be credentialed by UVM Medical Center 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 UVM Medical Center PACS system, as well as an onsite MRI Center server. The MRI 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.

All non UVM Medical Center personnel must be credentialed prior to participating in running MRI studies.

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

Richard Watts, D.Phil
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Memorandum of Understanding



Memorandum of Understanding

Project Title:

Principal Investigator:

Collaborating Investigator:

This document is intended to clarify the expectations of both parties with regard to the above project.

A. Authorship and Acknowledgement ***

The department of Radiology follows the International Committee of Medical Journal Editors (ICMJE) guidelines for authorship, which require contributions to each of the following areas. Indicate all that apply. **If at least one box from each section is checked then the principal investigator acknowledges that the collaborating investigator will be included as an author on publications resulting from this work.**

Section 1.

Study concepts

Study design

Data acquisition

Data analysis/interpretation

Section 2.

Manuscript drafting

Manuscript revision for important intellectual content

Section 3.

Approval of final version of submitted manuscript

All those designated as authors should meet all (three) criteria for authorship, and all who meet the (three) criteria should be identified as authors. Those who do not meet all criteria should be acknowledged. The criteria are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criterion #s 2 or 3. Therefore, all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript.¹

¹ See http://www.icmje.org/roles_a.html

