



## 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. 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. Study Chart String Number:
7. UVMMC 960 Account#:
8. Funding Source:                                      Total Grant Amount:
  - a. Do you wish to apply for MRI Center grant funding?    Yes    No    Amount requested:

*(If you wish to apply for MRI Center grant funding to cover scan cost, there is an expectation that you will apply for external funding based upon the pilot data that you acquire. The maximum award for scans is \$12,000.)*
9. Refer to our website: [www.med.uvm.edu/mricenter/access](http://www.med.uvm.edu/mricenter/access) or contact Jay Gonyea, [jgonyea@uvm.edu](mailto:jgonyea@uvm.edu) for the most up to date list of MRI Center charges and fees.
10. Is this pilot data for a grant?:    Yes    No
  - a. If yes, what is the funding source?
  - b. Has the grant undergone peer review?
  - c. What score/percentile did it receive?
  - d. Is this project designed to satisfy a critique?

11. Can this project be considered part of a UVM initiative?      Yes      No
- a.    If yes, which one?
12. 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.):
13. Number of imaging sessions needed per month:      Total scans needed:
14. Estimated length of time of scanning sessions including setup time  
(please use 15 min. intervals):
15. Are there any specific scheduling requirements, such as multiple sessions per week or subject to be  
scheduled at short notice?      Yes      No      Please Explain:
16. 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.)*
17. MRI Physics Support Requested:      Yes      No
18. MRI Data Processing Support Requested:      Yes      No
- a.    If yes, please explain:
19. Please list any other equipment that will be needed from the MRI Imaging Center  
Other:
20. How do you plan to back up your images?:
21. Does the IRB require a Radiologist to review your images?:      Yes      No  
If yes, please complete (17a) and (17b) below.
- a.    Has a radiologist agreed to review your scans?      Yes      No
- b.    Have you completed a required Department of Radiology MOU form?      Yes      No  
*(See form below)*
22. What is the anatomical area of interest?:
23. What specific imaging sequences do you need?:
24. All personnel requesting entry to the MRI scan room must be certified to do so. Have all personnel completed the  
MRI Safety training?:      Yes      No
25. Please provide a brief summary of your proposed project (<300 words) in the space provided below:

26. Please list the names of all non UVMHC research personnel, along with their UVMHC M#, who will be working at the UVM MRI Center: (They must be credentialed by UVMHC 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 that are reviewed by a radiologist will be stored in The UVM Medical Center 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:

Julie Dumas, Ph.D.  
Co-Medical Director  
UVM MRI Imaging Center  
[Julie.dumas@uvmhealth.org](mailto:Julie.dumas@uvmhealth.org)

Bruno Soares, MD  
Co-Medical Director  
UVM MRI Imaging Center  
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Jay Gonyea  
Administrative Director  
UVM MRI Imaging Center  
[jgonyea@uvm.edu](mailto:jgonyea@uvm.edu)



## 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.<sup>1</sup>



\*\*\* If the conditions of section **A** are not met then one or more boxes in section B must be checked

**B. Compensation**

Fee-for-service, standard of care (Professional fee structure applies).

Fee-for-service, not standard of care (Research fee structure applies, e.g. 96#).

Percentage FTE dedicated to project:        % FTE.

Other. Specify:

The Principal Investigator agrees to keep the Collaborating Investigator apprised of progress, updates, grant submissions/awards and publications related to this study.

Principal Investigator: \_\_\_\_\_ Date

Collaborating Investigator: \_\_\_\_\_ Date

Departmental Authorization \_\_\_\_\_ Date

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<sup>1</sup> See [http://www.icmje.org/roles\\_a.html](http://www.icmje.org/roles_a.html)