



# UVM MRI CENTER FOR BIOMEDICAL IMAGING

## Proposal for Use

*Date*

*1. Project Title:*

*2. Principle Investigator(s) Address:*

*Phone#*

*Fax#*

*E-Mail*

*3. Contact Person or Research Coordinator*

*Phone#*

*Fax#*

*E-Mail*

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*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. The MRI Center has established a fund to assist with unexpected software or hardware upgrade expenses. As a user of the MRI Center, we ask that you budget the amount of \$5,000.00 for all industry or (large) NIH and foundation funded studies.

a. I agree to be charged an MRI user fee of \$5000.00	Yes	If no, please explain why
	No	

11. Is this pilot data for a grant?	Yes	No
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a. If yes, what is the funding source?

b. Is this pilot data for a grant?	Yes	No
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c. What score/percentile did it receive?

d. Is this project designed to satisfy a critique?	Yes	No
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12. Can this project be considered part of a UVM initiative?	Yes	If yes, which one?
	No	

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

a. If yes, please provide the following information

Student's Name

Program (Neuroscience Graduate Program, etc.)

14. Number of imaging sessions needed per month	Total Scans Needed
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15. Estimated length of time of scanning sessions including setup time (please use 15 min. intervals)

16. Are there any specific scheduling requirements, such as multiple sessions per week or participants need to be scheduled at short notice

Yes	No
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(\*If yes, MRI Center access outside of these hours may be subject to an additional \$100.00 charge per scan.)

*17. 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*

*Please Explain*

*18. MRI Physics Support Requested*

*Yes            No*

*19. MRI Data Processing Support Requested:                      If yes, please explain*

*Yes            No*

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

*21. How do you plan to back up your images*

*22. Does the IRB require a Radiologist to review your images*

*Yes            No*

*If yes, please complete (22a) and (22b) below*

*22a. Has a radiologist agreed to review your scans?*

*Yes            No*

*22b. Have you completed a required Department of Radiology MOU form? (See form below)*

*Yes            No*

*23. What is the anatomical area of interest*

*24. 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 UVMMC research personnel, along with their UVMMC M#, who will be working at the UVM MRI Center: (They must be credentiled by UVMMC 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	Bruno Soares, MD Co-Medical Director UVM MRI Imaging Center Bruno.soares@uvmhealth.org	Jay Gonyea Administrative Director UVM MRI Imaging Center jgonyea@uvm.edu
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# ***Memorandum of Understanding***

*Collaborating Investigator*

*Principal 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.

## **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*

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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>

## **B. Funding Support**

Please check one or more of the following boxes

*Time is provided voluntarily, no charge.*

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

*Fee-for-service, not standard of care  
(Professional fee structure applies).*

*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*

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