Initial Contact for MR Research

Check List

PI Name: _____ Date: _____

Co-Investigators/Users: _____

Title/Subject: _____

Subject (type and number): _____ Scanner: □ 1.5T □ 3T □ 4.7T □ 7T

Purpose of Study: _____

Funding Source: _____ Direct/Indirect Budget: _____ / _____

☐ Research Proposal (electronic protocol summary and full protocol)

☐ Future Funding Source Targeted (if applicable) _____

☐ Cost/Special Requirements □

☐ Need for MR Research Facility Support (If no, indicate who will run the scanner)

☐ MR tech ☐ Nurse ☐ Radiologist

☐ Software processing (if yes, check which kind) ☐ MRS ☐ DTI ☐ fMRI

☐ Stimulus presentation hardware ☐ Response device

☐ Instrument Time Required _____ hours/scan number of scans _____

☐ IRB Status submitted date: _____ approved date: _____

☐ Approved IRB documents

☐ approval letter ☐ approved stamped consent ☐ approved stamped HIPPA

☐ Main contact person name: _____ phone: _____

☐ Contact person for billing name: _____ phone: _____

☐ MR sequences requested (optional)

☐ Conventional T1/T2
- High Resolution T1 (MPRAGE or similar)
- FLAIR
- Diffusion (DWI)
- Diffusion Tensor (DTI)
- Perfusion (PWI)
- Arterial Spin Labeled (ASL)
- Blood Oxygenation Level Dependent (BOLD)
- Susceptibility Weighted (SWI)
- MR Angiography (MRA) / (MRV)
- MR Spectroscopy (MRS)
- Velocity Encoded Cine
- Phase Contrast (Blood Only)
- Dark Blood