Initial Contact for MR Research (3T)

Check List

PI Name: _______________________________ Date: ______________

Co-Investigators/Users: ____________________________________________

Grant Title: _______________________________________________________

Subject (type and number)____________________________________________

Purpose of Study: ___________________________________________________

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

☐ Research Proposal (electronic protocol summary and full protocol)

☐ Future Funding Source Targeted (if applicable) __________________________

☐ Contact person for billing name: ___________________ phone: ______________

☐ Cost/Special Requirements ☐

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

  MR tech ___________________ Radiologist ___________________

  Software processing yes__ (if yes, check which kind) MRS__ DTI__ fMRI__

  Stimulus presentation hardware yes__/no__ Response device yes__/no__

☐ Instrument Time Required _____ hours/scan +30 min number of scans _____ (≤ 15)

☐ IRB Status submitted date: _____ approved date: _____

☐ Approved IRB documents

  ☐ approval letter ☐ approved stamped consent ☐ approved stamped HIPPA

☐ Main contact person name ___________________ phone _____________

Please contact the Research Coordinator for further details: Pavan Kumar Jella, Radiology, MR Research Assistant, email: pavanjella4@gmail.com; Phone: 313-745-1388
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☐ 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