Initial Contact for MR Research (7T)

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 ____________
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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