



Please direct questions to:

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High Field Imaging Core Facility MR STUDY APPLICATION

		<i>Study number:</i>	
PI		Application Date ____ / ____ / ____	
Phone	Pager	Department	
Email			
Study Coordinator / Scheduler		Email	
Phone		Pager	
Authorized Researcher		Email	
Phone		Pager	
Co-Investigator		Email	
Phone		Pager	
Co-Investigator		Email	
Phone		Pager	
Study Title			
Proposed start date: ____ / ____ / ____		Estimated number of subjects:	
Estimated end date: ____ / ____ / ____		Estimated number visits / subjects:	
Study Type (check all applicable boxes)			
<input type="checkbox"/> Computation / Analysis <input type="checkbox"/> Clinical (non research)			
<input type="checkbox"/> Specimen (For specimens, attach Biosafety approvals) <input type="checkbox"/> Phantom			
<input type="checkbox"/> Human specify which: <input type="checkbox"/> Normal Volunteers <input type="checkbox"/> Patients			
For Humans - CHR Approval is required, attach approval page.		Expiration Date:	
Record approval number here:		____ / ____ / ____	
Radiologist		Email	
Phone		Pager	
Image Information:			
All Human Subject scans must be registered in IDXRAD <u>prior</u> to the study.			
All Human Subject studies are to be read by a Radiologist (PACS, dictated report, on IDXrad and STOR).			
To request a waiver of this policy, contact Bill Dillon, M.D. at bill.dillon@radiology.ucsf.edu (415-353-1687).			
Waiver must be attached to this application.			
<input type="checkbox"/> Animals IACUC Approval is required, attach approval page. Record approval number here: _____ Expiration Date: ____ / ____ / ____			
<input type="checkbox"/> Anesthesia required Animal Technician: <input type="checkbox"/> supplied by study or <input type="checkbox"/> requested from Lab			

APPROVALS (leave this page blank)

Imaging protocol reviewed and approved by Niles Bruce, Principal MRI Technologist (Print name of alternate approver): Scan time appropriate. ____ Hours required to prepare scan protocol	
Signature	Date ____ / ____ / ____

Abstract of the study reviewed and approved by Bob Bok, M.D. or Bert Jimenez, Research Nurse (Print name of alternate approver):	
Signature	Date ____ / ____ / ____

Checklist and funding reviewed and approved by Hillie Cousart, Assistant Director (Print name of alternate approver):	
Signature	Date ____ / ____ / ____

Application approved by Sarah Nelson, Director or Daniel Vigneron, Associate Director (Print name of alternate approver):	
Signature	Date ____ / ____ / ____

CHECKLIST

- CHR / CAR *current* approval, protocol, consent
- CHR / CAR approved investigators
- Fund / DPA valid for billing
- Imaging protocol reviewed, scan time appropriate
- Radiologist for human subject studies or Waiver
- Image archival/image processing requirements reviewed

MR Research Protocols

Fill-in as completely as possible

STUDY TITLE:	
DATE: ____ / ____ / ____	
MRI STAFF:	
COIL TYPE:	
	If another PI owns the coil, list the owner here and attach email correspondence showing you have permission to use it: _____
AVERAGE MAGNET TIME per STUDY:	Including set-up, removal, post processing, etc.

If your protocol is already on the scanner then skip listing it below, instead indicate its location
 (example: Head #'s 19 / 22) _____

If you do not yet have a protocol, contact Niles Bruce for submission instructions →
 (niles.bruce@radiology.ucsf.edu phone: 415.514.4452) - see next page for sample

Series →	1	2	3	4	5
Sequence Type & Plane					
Imaging Time					
Imaging Options					
TR					
TE					
TI					
Flip					
ETL					
Bandwidth					
FOV					
Slice / Skip					
Sat					
Matrix					
Nex					
Freq Direction					
Locs per Slab					
Comments					

MR Research Protocols

Please fill-in as much as possible

Series →	6	7	8	9	Example
Sequence					
Type & Plane					<i>T2 Axial</i>
Imaging Time					<i>5 Mins</i>
Imaging Options					<i>FC, VBW</i>
TR					<i>2500</i>
TE					<i>30/80</i>
TI					
Flip					
ETL					
Bandwidth					<i>4.27</i>
FOV					<i>22x16</i>
Slice / Skip					<i>5/2.5</i>
Sat					<i>1</i>
Matrix					<i>256x192</i>
Nex					<i>1</i>
Freq Direction					<i>AP</i>
Locs per Slab					
Comments					

Please list all items that will be taken into the magnet room:

Abstract / Rationale of Proposed Study: