

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