

MR Scanning Request Form

Study No: _____

Date: _____

PI: ~~AA~~ _____ E-mail: _____

Co-Investigators: _____

Department and School/College: _____

Study Title: _____

Brief Study Description:

Purpose for MR Scan Request (Check Box)	Pilot Project Program Study (20 hours max. - 75%/25% split)	Funded Study - Nonprofit	Funded Study - Commercial
MR Scan Cost per Hour			
3T MR System	\$650/hour	\$650/hour*	\$876/hour
7T MR System	\$175/hour	\$175/hour	\$383/hour
Time of MR scan per visit requesting:			
Total No. of MR scans requesting:			

Funding Source (Specify PI, Dept., Inst., or Org.): _____

Grant No. (if applicable): _____

Study Start Date: _____

Study End Date: _____

Person and contact information for:

Scheduling _____
(name / phone number / email)

and Billing _____
(name / phone number / email)

Check Applicable Boxes:

Yes/ No - Is the study approved by the IRB.

Yes/ No - Is the stimulus presentation hardware needed.

Yes/ No - Is guidance needed with the MR protocol.

Yes/ No - Are changes needed to any pulse sequences.

Yes/ No - Is the MR protocol fully developed.

Yes/ No - Is the MR protocol fully tested.

Yes/ No - Is MR data processing needed.

If there is no external funding:

Specify targeted funding agency: _____

Specify targeted Submission Date: _____

Specify total budget amount for MR scanning: _____

Additional Itemized Cost per Scan on Human 3T MR System (Optional - Check Applicable Boxes):

Pregnancy Test - \$10

Creatinine Test - iSTAT - \$35

Contrast Agent - \$100

Contrast Agent - \$150 (Commercial)

Contrast Supplies without Auto Injector - \$15

Contrast Supplies with Auto-Injector - \$26

Contrast Supplies - Cardiac - \$27

DVD copy of data - \$7

DVD copy of data - \$11(Commercial)

Special Requests: