APPLICATION FOR RESEARCH 3T MR SCANS

Title of the study:		
Principal Investigator:	Email:	Phone:
Contact Name:	Email:	Phone:
Billing Address:		2
COMIRB or other IRB Approval:		
If checked yes, IRB number:		
Please attach the approved COMIRB/other IRB protocol summary and consent form(s)		
Funding for 3T MRI scans: Yes No Pending - If yes, list speed type/PO#:		
Project Details:		
Type of MR scans: Anatomical MRI functional MRI MR Elastrography MR Spectroscopy		
☐ IV injection		
Project Start Date: Project E	nd Doto:	
5	Age Range:	Subject Populations:
Number of Subjects. Subject	Age Range.	Subject i opulations.
Estimated Time for 3T MRI Session	s: Estimate	ed # of Sessions per Subject:
Preference for MRI scan days and times:		
Brief Description of Project, Focusing on Use of MRI scanner Time:		
-	_	
Please check all intended lab equipment to be used:		
Goggles/Projector		
Physiological monitor		
Audio system		
Response box (2-button, 4-button, 10-button available)		
Own equipment to be used (please describe):		
Method of data storage/transfer:	_	7 n . m a
U DVD		RAID Storage (one year storage)
☐ sFTP		Dicom Transfer
Submitted by:	P.I	Date:
Submitted by.	1.1	Date.
This section reserved for Brain Imaging Center committee approval:		
Comments:		Approved Rate:
Approved by:		Approval Date:

APPLICATION GUIDANCE AND INSTRUCTIONS

COMIRB

COMIRB approval is required for all human projects. If you are with an institution not affiliated with COMIRB, we suggest having your protocol first approved by your local IRB, then submitted to COMIRB with a request to keep your local IRB as the IRB of record. Contact COMIRB at 303-724-1055 for instructions, or see their website at: http://comirbweb.ucdenver.edu/

NOTE: There may be fees associated with review that should be discussed with COMIRB, not with the Brain Imaging Center.

Usually, starting a new protocol requires a brief period of "trial and error," where trial scans are obtained on the investigator's own staff members. It is possible to scan 1-5 times under the official COMIRB designation of "Quality Assurance" (QA) rather than research. Data collected under QA does not require COMIRB approval. However, such data may NOT be published, since its purpose is simply for protocol implementation and QA. Retroactive COMIRB approval of such QA data is NOT allowed. If you wish to obtain scans under this designation, our laboratory policy is that no backups of such data will be allowed, and no data in digital form will be released from laboratory computers. All QA data will be destroyed at the time of actual COMIRB approval.

APPROVAL PROCESS

Once your application materials are received, the Brain Imaging Center Committee will review your application and decide on the availability of the instrument and personnel (scheduling), and research charges (to obtain general charge guidelines, contact Debra Singel at 303-724-1715).

Once your request has been reviewed and approved, we will make every effort to work with you to schedule your 3T scans. The Committee will make final determinations about instrument availability and reserves the right to make changes to all approved schedules as necessary.

BRAIN IMAGING CENTER POLICIES

The Brain Imaging Center is a *pay-for-use* rental system that provides an MRI technologist to run the scanner only. The investigator is responsible for their own protocols and research subjects. Investigators need to arrange for their research subjects parking, meeting them at the center, changing into appropriate attire for the MRI scan, screening the subjects for contraindications to having MRI scans and assuring their personnel is trained in MRI safety. MRI safety screening forms and MRI safety training will be provided by the Brain Imaging Center.

STIMULUS PROTOCOLS

Please indicate all equipment you intend to utilize during 3T MR scans on the application form. For stimulus presentation, a Windows computer with E-prime (PST software, Inc.) is set up in the center. The investigator is responsible for programming all of their experiments outside of the lab. We will not provide any stimulus programming services, except to consult on adding MRI triggering to your experiments. If you have the expertise, you may also program in other computer languages (Visual Basic, C++, etc.) and present stimuli using your own custom software.

DATA ANALYSIS

In general, we supply only the raw anatomical and functional MRI data to you after a scan. You are responsible for data analysis.

Submit completed form and attachments electronically to braining ingcenter@cuanschutz.edu

Our physical address and phone number:

CU Anschutz Brain Imaging Center 12469 E 17th Place, Rm 112 MS F-478 Aurora, CO 80045

Phone: 303-724-1715, Fax: 303-724-1718

REV: 170825