 *Research Development and Administration*

#####  Advanced Imaging Research Center

 *3181 SW Sam Jackson Park Road*

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####

**AIRC Human Subject MRI Study Development Time Application**

*Please email this form and Principal Investigator’s biosketch to Dr. Wei Huang (huangwe@ohsu.edu) for approval by the* AIRC Human Subject MRI Study Review Committee

*As a general policy, the awarded development time expires six months from the date of approval of the application. AIRC should be acknowledged in any publications that benefit from the development-time study. A written report on the outcome of the development-time study is due three months after the completion of the development-time study.*

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| --- | --- |
| **Date:**      |  |
| **Study Title:**      |  |
| **Principal Investigator:**       | **Address (Mailstop):**       |
| **Affiliation (Dept/Div):**       | **Email:**       |
| **Other investigators and roles in study:**       |  |
| **Group members who are or will be trained by AIRC to operate the MRI instrument:**       |
| **Administrative contact name, phone number and email:**      **IRB Status:**       | **IRB Protocol #:**        |
| **Last approval date:**       |  |
| **Development time number of hours requested:**     **Expected MRI instrument time per scan session:**      **Age range (if human subject is used):**     **Describe subject health condition and concerns related to MRI procedures:**     **Justification for requesting development time:** How will the outcome of this development-time study advance the technical capability of AIRC service and/or benefit AIRC user community?       |
| **MRI System:** |
| MRI instrument to be used: [ ] 3T [ ] 7T |
| RF Coil:       |
| **Development project summary (350 words maximum).** Brief description of the project background, aims (hypotheses), study design, and expected results:       |
| **The key pulse sequences and acquisition parameters for the development-time study:**      |
|  |
| **AIRC resources to be used:****Personnel:** [ ] Certified MR Technologist (Bill Woodward: Wednesday and Thursday only; must check for studies with contrast injection)[ ] MR Operator[ ] Research Assistant(s):            **Equipment (other than the MRI scanner and RF coil):**[ ] Power injector for contrast injectionIf checked, provide contrast agent name, dose, and injection rate:[ ] InVivo Precess physiological monitor[ ] Audio and/or visual stimulus presentation equipment[ ] Mock Scanner[ ] Data storage/processing (contact Brendan Moloney, moloney@ohsu.edu)[ ] Non-standard pulse sequence[ ] Eye Tracker[ ] Other equipment:      **Space Requested for Special Procedures (for example, blood draw)**[ ] Subject Preparation Room[ ] Mock Scanner Room**Description of Special Procedures if Applicable:****Cost for Development-Time Study:**The awarded development time covers only the costs of scanner usage fee and technologist/operator fee. Any other fees incurred during the study, such as fees for contrast injection, will be charged to the PI’s account at the current cost-based rate.Please provide account information below:Alias #:Grant or account #:Grant Start / End dates:**Relevant MR literature citations:**       |