 *Research Development and Administration*

##### Advanced Imaging Research Center

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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 injection  If 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:** | | |