

**7T MRI Study Application**

**Location: HSRB-II, G120**

**Instructions:**

* Review CSIC policies and guidelines (<https://www.cores.emory.edu/csic/>) before completing this application.
* An IRB approval letter with expiration, an approved IRB Protocol,**\*** and Informed Consent Form are required before a new study can be entered into the CSIC system to allow access to schedule MRI equipment use.

***\*The approved IRB must include language that indicates the 7T MRI will be used. CSIC can provide a template for the information to be included in the IRB and it can be edited by PIs to provide further clarification for their specific study mode. The ICF should also mention that the scan will be completed on a 7T MRI.***

* Email completed application and required documents to [joy.staulcup@emory.edu](mailto:joy.staulcup@emory.edu) (CSIC Operations Mgr).

**Section A: Application Type and Study Details**

Please check the appropriate application type below (allows CSIC to track the various types of research support uses of core imaging equipment). ***Note****: All study types require SpeedType to bill for core imaging equipment use and require IRB approved protocol and ICF for human subject scans, or approved IACUC protocol for any animal scan).*

**Funded Study** (FS) – *imaging service to support grant/sponsor-funded research protocols*

**Pilot Study** (PS)– *imaging service to support data gathering for investigator grant proposal*

**Technical Development Study (**TDS) *– use of core equipment to develop/test new imaging techniques, or to test new hardware/software, for investigator imaging protocol. Please include a separate page that describes investigator technical development study needs in more detail to submit with this application.*

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| Primary Principal Investigator Name (PPI): | Study Project Coordinator (PC): |
| PPI Contact #: | PC Contact #: |
| PPI Email: | PC Email: |
| **Department/Organization**:  **SpeedType**:  *(Required for billing MRI core equipment use.)*  **Project Title**:  **Expected Duration of Study**:  **Total Hours MRI Use Requested for Each Session: Total Hours Requested for Study**: | |
| Data Transfer/Storage:  FTP  DICOM  Other (explain): | Person Responsible for Data Transfer/Storage: |

**Section B: Certification / Compliance** (***Regulatory approvals required before CSIC equipment can be scheduled.***)

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| **Human Subject Approval** -  Emory IRB #:  Expiration: | **Laboratory Animal Approval** (if applicable) -  IACUC #:  Expiration: |
| External IRB # (if applicable):  Expiration: | **Biohazards:**   None  N/A - approval not required  Recombinant DNA/RNA / Other:  Approval Number(s): |