

**7T MRI Study Application**

**Location: HSRB-II, G120**

**Instructions:**

* Review CSIC policies and guidelines (<https://www.cores.emory.edu/csic/>) before completing this application.
* If there’s a PET arm to this study, a separate ***PET Study Application*** must also be completed and submitted.
* 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. If possible, 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**

**Funded Study** (FS)  **Pilot Study** (PS)  **Technical Development Study (**TDS)

* For Funded Study, complete sections A and B only of the application.
* For Pilot Study or Technical Development Study, complete sections A, B, and C of the application (these study applications require approval of the CSIC Director/Program Directors).

|  |  |
| --- | --- |
| Primary Principal Investigator Name (PPI): | Study Project Coordinator (PC): |
| PPI Contact #: | PC Contact #: |
| PPI Email: | PC Email: |
| **Department/Organization**:  **SpeedType**:  *(Required for billing MRI equipment use and add-on services for Funded Studies, or for billing add-on services for Pilot/Tech Devel Studies.)*  **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.***)

|  |  |
| --- | --- |
| **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): |

**Section C: Pilot Study or Technical Development Study Supporting Information**

|  |
| --- |
| **PI Name**: |
| **Title:** |
| **Hypothesis:** |
| Please provide more details to support your Pilot Study or Technical Development Study in the space below. The information should include the following sections: ***1) Background and Specific Aims; 2) Experimental Methods (emphasizing need for MRI); and 3) Plans for Obtaining Funding***. The PS or TDS application will be reviewed based on its scientific merit, impact, potential for external funding and feasibility. This additional information (excluding references) should be limited to the remainder of this page, and one additional page only if needed. Return completed application and supporting detail information via email to ([**joy.staulcup@emory.edu**](mailto:joy.staulcup@emory.edu)). ***Note:*** For extension of a continuing study, summarize the scope and progress in the previous period, and if applicable, describe new goals and new capabilities required of the equipment. |