

**Pre-Clinical MRI Study Application**

**Select MRI Scanner:  9.4T  11.7T**

**Instructions:**

* Review CSIC policies and guidelines (<https://www.cores.emory.edu/csic/>) before completing this application.
* Contact Jaekeun Park ([jcpark2@emory.edu](mailto:jcpark2@emory.edu), 404-727-4777) to discuss pre-clinical MRI research support processes and to confirm CSIC can support study requirements.
* The IACUC approval letter, an approved IACUC Study Protocol, and other regulatory required approvals are required before a new study can be entered into the CSIC system to allow access to schedule the 9.4T or 11.7T MRI equipment use.
* 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 IACUC approved 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 Coordinator (SC): |
| PPI Contact #: | SC Contact #: |
| PPI Email: | SC Email: |
| **Department/Organization**:  **SpeedType**:  (Required for billing MRI core equipment use)  **Project Title**:  **Expected Duration of Study**: **Total Sessions Requested**: | |
| Data Transfer/Storage:  FTP  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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| **Laboratory Animal Approval** - IACUC #: Expiration:  N/A – Explain: |
| **Biohazards:**  None  N/A - approval not necessary Recombinant DNA/RNA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |