

 **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, 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 (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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |