

**MRI Study Application**

**Select MRI Type:  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**

**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).

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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 equipment use and add-on services for FS, or for billing add-on services for PS/TDS.)  **Project Title**:  **Expected Duration of Study**: **Total Sessions Requested**: | |
| 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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| **Laboratory Animal Approval** - IACUC #: Expiration:  N/A – Explain: | |
| **Radioactive Materials:**  None  N/A - approval not necessary  Non-Human Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Radiation Sources:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Biohazards:**  None  N/A - approval not necessary  Recombinant DNA/RNA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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| **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. |