

**PET/MR-WC Study Application**

**Instructions:**

* Review CSIC policies and guidelines (<https://www.cores.emory.edu/csic/>) before completing this application.
* The IRB approval letter, an approved IRB Study Protocol, and Informed Consent Form are required before a new study can be entered into the CSIC system to allow access to schedule PET/MR-WC equipment use. For PET studies, the EHSO Human Use of Radiation Approval form and Radiopharmaceuticals Order Form with PI lab acct is also required.
* Email completed application and required documents to joy.staulcup@emory.edu (CSI Operations Mgr).
* A coordination meeting with PET/MR-WC staff is required prior to onboarding a research study to utilize this scanner and to finalize radiopharmaceutical dose order. Contact CSIC Operations Manager at 404-712-1024 to arrange meeting.

**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 PET/MR-WC equipment use and add-on services for FS, and 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 *Note: All regulatory approvals required before CSIC equipment can be scheduled.***

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| **Human Subject Approval** - **IRB #**: **Expiration**:[ ] N/A – Explain:  |
| **Radioactive Materials (PET scans):** [ ]  None [ ]  N/A - approval not necessaryHuman Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Radiation Sources:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approval Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Biohazards:** [ ]  None [ ]  N/A - approval not necessaryRecombinant 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 both PET and 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**). ***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.   |