

**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](mailto: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**

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 IRB approved protocol and ICF for human subject scans.*

**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 for investigator imaging protocol. Please include a separate page that describes investigator technical development study needs in more detail to submit with this application.*

|  |  |
| --- | --- |
| Primary Principal Investigator Name (PPI): | Study Project Coordinator (PC): |
| PPI Contact #: | PC Contact #: |
| PPI Email: | PC Email: |
| **Department/Organization**:  **SpeedType**:  (Required for billing CSI core’s research use of the PET/MR-WC equipment.)  **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.***

|  |  |
| --- | --- |
| **Human Subject Approval** - **IRB #**: **Expiration**:  N/A – Explain: | |
| **Radioactive Materials (PET scans):**  None  N/A - approval not necessary  Human Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Radiation Sources:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Biohazards:**  None  N/A - approval not necessary  Recombinant DNA/RNA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |