 *Research Development and Administration*

##### Advanced Imaging Research Center

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#### 

**AIRC Human Subject MRI Study/Procedure Application**

*Please email this form to Dr. Wei Huang (huangwe@ohsu.edu) for approval by the* AIRC Human Subject MRI Study Review Committee

*For funded study, the committee review focuses on safety issues and technical feasibility.*

|  |  |
| --- | --- |
| Date: |  |
| Study Title: |  |
| Principal Investigator: | Address (Mailstop): |
| Affiliation (Dept/Div): | Email: |
| Other investigators and roles in study: |  |
| Group members who are or will be trained by AIRC to operate the MRI instrument: | |
| Administrative contact phone number:      and email:  Investigator initiated or industry sponsored?  IRB Status | IRB Protocol #: |
| Last approval date or pending:  IRB approval memo, protocol, and consent form need to be on file in AIRC before starting the MRI study. |  |
| Estimated number of scan sessions per year:  Expected MRI instrument time per scan session:  Subject age range:  Describe subject health condition and concerns related to MRI procedures: | |
| **MR Study Design:** | |
| MRI instrument to be used: | |
| RF Coil: | |
| **Project summary (350 words maximum).** Brief description of the project background, aims (hypotheses), study design, and expected results: | |
| Main Pulse Sequences and associated data acquisition parameters: | | |
| Detailed experimental set-up (including fMRI accessories, contrast injection rate and dose, anesthesia, physiological monitoring, etc.) | | |
| **AIRC Resources to be used:**  Personnel:  Certified MR Technologist (Bill Woodward: Wednesday and Thursday only; must check for studies with contrast injection)  MR Operator  Research Assistant(s):    Equipment (other than the MRI scanner and RF coil):  Power injector  InVivo Precess physiological monitor  Audio and/or visual stimulus presentation equipment  Mock Scanner  Data processing (contact Brendan Moloney)  Non-standard pulse sequence  Eye Tracker  Other equipment:  Space for Special Procedures  Subject Preparation Room  Mock Scanner Room  **Description of Special Procedures:**  **Current Funding Source:**  Alias:  Grant or account #:       Grant start / end dates:  **Relevant MR Literature Citations (please provide all authors and complete title):** | | |