 *Research Development and Administration*

#####  Advanced Imaging Research Center

 *3181 SW Sam Jackson Park Road*

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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.*

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| --- | --- |
| **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 name, phone number and email:**     **Investigator initiated or industry sponsored?**      **IRB Status:**       | **IRB Protocol #:**        |
| **Last approval date:**      ***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:**      |
| **MRI System:** |
| MRI instrument to be used: [ ] 3T [ ] 7T |
| RF Coil:       |
| **Project summary (350 words maximum).** Brief description of the project background, aims (hypotheses), study design, and expected results:       |
| **Main imaging sequences included in the MRI protocol:** (for example, T1-weighted anatomic MRI, DTI, resting state fMRI, 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 for contrast injectionIf checked, provide contrast agent name, dose, and injection rate:[ ] InVivo Precess physiological monitor[ ] Audio and/or visual stimulus presentation equipment[ ] Mock Scanner[ ] Data storage/processing (contact Brendan Moloney, Moloney@ohsu.edu)[ ] Non-standard pulse sequence[ ] Eye Tracker[ ] Other equipment:      **Space Requested for Special Procedures (for example, blood draw)**[ ] Subject Preparation Room[ ] Mock Scanner Room**Description of Special Procedures if Applicable:****Current funding source:** Funding Agency:      Alias #:Grant or account #:Grant Start / End Dates:      **Relevant MR literature citations:**       |