# Human MRI Research Application Form

**PROJECT TITLE:**

**PRINCIPAL INVESTIGATOR**:

*Names   Title Department  Phone e-mail*

**STUDY CONTACTS**: (Principal Research Fellows, Study Coordinators, etc.)

*Names   Title Department  Phone e-mail*

**STUDY SCHEDULER:**

*Names   Title Department  Phone e-mail*

**STUDY PERSONAL**: *Please list all people who will be present for the portion of the study in the MRI area, including the people who will operate the scanner, MD, nurse, etc. Please list individuals’ role in this study.*

*Names   Title Department  Role Phone e-mail*

**BRIEF PROJECT DESCRIPTION (Please attach separate sheets if needed. Include the following information)**

*Specific Aims*

*Background and Significance*

*Preliminary Results or literature review related to this project (please attach the articles).*

*Research Plan (in detail)*

**IRB REQUIREMENT**

*It is the investigator’s responsibility to get an IRB approved by the UMass IRB committee for all your studies. The PI must submit a copy of an approved IRB with the signed certification page to the Advanced MRI Center before performing the imaging study. The IRB must include the MRI procedures using the 3T scanner.*

*IRB #:*

*Title:*

*Approval Date:* *Expiration Date*:

**STUDY PLAN**

1. *What is the anticipated duration of your study?*
2. *What is your planned starting date?*
3. *How many subjects do you plan to image per week?*
4. *How much time is required for each exam?*
5. *What is your preferred imaging times, if any?*
6. *Which organ do you plan to image?*
7. *What kind of disease do you plan to study?*
8. *Does the study require contrast agents? If yes, please specify them here.*
9. *Do you require special pulse sequences? If yes, please describe them here.*
10. *Do you require a special RF coil? If yes, please describe it here.*

**FINANCIAL SUPPORT**

*Scheduling priority will be given to funded studies*.

***Speedtype #:***

 [ ] INdustry sponsor:

*Company name:* *PI Name*

*Starting date:* *Ending date*:

[ ] Department Funds:

*Department Name*: *PI Name:*

*Starting date* : *Ending date*:

[ ] NIH Funding

*PI Name*: *Funding Type*: *Grant #*:

*Starting date:* *Ending date*:

[ ] Other

(*Please specify):*

*Starting date:* *Ending date:*

[ ] NonE

**PLAN FOR APPLYING FOR FUNDING**

*Funding Agents:*

*PI Name:*

*Submission Date:*

*Do you need help on the MRI part of your grant proposal? If yes, please specify*.

**PI Name PI Signature Date**

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Please email the completed application to:

Shaokuan Zheng, Ph.D.

MRI Physicist

Department of Radiology

Phone: 508-856-5122

Fax: 508-856-6250

Email: shaokuan.zheng@umassmed.edu

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