 *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. Alexander Stevens (stevenal@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 injection  If 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:** | | |