

Application for Access to Research MRI Scanner

Return completed package to the **Research MRI Facility**
Email tammy.rayner@sickkids.ca + ruth.weiss@sickkids.ca

This application has two goals: to facilitate access to the scanner by many groups and to detect immediate challenges to proposed imaging protocols. Notification of REB/LAS approval for human and/or animal research at Sick Kids is required before final approval of this application. MRI Safety Training is required for all researchers needing access to the MRI scanner room as part of this application. Please note that anesthesia services are not available in the Research MRI Facility.

1. Principal Investigator:

Name: _____

Dept. / Div.: _____

Signature: _____

Study Coordinator:

Name: _____

Contact #: _____

E-mail: _____

2. Collaborators:

3. Reporting Radiologist:

Signature / Date: _____

4. Project Title:

5. Ethics Approval:

REB # _____ LAS # _____

Attach Approval Letter

Attach Approval Letter

Study Start Date (Y/M): _____ End (Y/M): _____

Number of Participants: _____ Number of time points/participant: _____ Total time/session: _____

6. Billing Information: ACADEMIC FUNDING INDUSTRY FUNDING Funding Agency: _____

Cost center or name and address for external billing:

7. Data, EPIC and Facility Options (*check all that apply*)

- Will the study contain healthy adult controls?
- Is the data being sent to GE Research PACS?
- Data transfer (i.e carbon drive, network node etc) - _____
- Is the study using prepaid time? (*Please complete and sign SOP for PrePaid time*)
- Will the study require the assessment room?
- Will the study require CVR equipment?
- Is contrast agent required?

SmartPhase requirement for EPIC, please prepare for Research MRI orders

PrismaFIT

- **MR#** (i.e. MRxxx, provided by Research MR)
- **Date and time of scan that is booked in Calpendo**
- **REB 10000xxxxx**
- **Study title** (i.e. Predicting changes.....)
- **Study Coordinator Name and Number:**

Special Instructions – Name the reporting Radiologist (i.e. Dr. Smith)

8. Core Facilities Human Intake Form:

Visit <https://redcapexternal.research.sickkids.ca/surveys/?s=Y8YKRE93T4>

Proposed Scanning Sequences: Please list protocol required and attach additional documents

Diagnostic Imaging Radiology Review – This fee is billed separately through Diagnostic Imaging

- Standard**
- No Fee.** (Please provide an explanation or letter of support)

Incomplete forms will be returned to primary investigator with explanation

Administrative Use Only

Name and Signature: _____

Date: _____