

## Application for Access to Research MRI Scanner

Return completed package to the **Research MRI Core Facility**

Email [researchmri.team@sickkids.ca](mailto:researchmri.team@sickkids.ca)

This application has two goals: to facilitate access to the scanner and to detect immediate challenges to proposed imaging protocols. REB/LAS approval for human/animal research at SickKids 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 Core Facility.

### 1. Principal Investigator:

### Study Coordinator/Research Assistant:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Dept. / Div.: \_\_\_\_\_

Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_

E-mail: \_\_\_\_\_

When using the core facility it is requested the site be recognized and affiliation should be listed on publications as,  
Research MRI Core Facility, The Hospital for Sick Children, Toronto, ON.

### 2. Is SickKids the primary site for study initiation or secondary site for recruitment? Primary Secondary List affiliated sites and collaborators.

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### 3. Reporting Radiologist:

Signature / Date: \_\_\_\_\_

### 4. Project Title:

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### 5. Ethics Approval:

REB # \_\_\_\_\_  
Attach Approval Letter

LAS # \_\_\_\_\_  
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 number and/or list name and address for external billing

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

- Healthy adult controls
- Data transfer to Ambra Research PACS.
- Data transfer to Carbon or via network node \_\_\_\_\_
- Prepaid time (*Please complete and sign SOP for PrePaid time*)
- Assessment room
- AV equipment and/or fMRI
- Additional equipment, i.e. RespirAct, Ergometer \_\_\_\_\_
- Contrast agent

**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 1000xxxxx**
- **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 required,**

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

**9. Diagnostic Imaging – Research Studies Sign-off form required. Please attached with this document.**

**10. Proposed Scanning Protocol:** Provide imaging manuals, coils, pulse sequences required (attach additional documents)

Administrative Use Only

Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Academic Funded

Industry Funded