

Scan Services Request Form- Research

Project Title:	HRRC #:	Principal Investigator - name and phone number	PI email:
	Date of HRRC approval:	Other Investigators -name and contact information (provide additional listing if necessary)	

Services requested:	MRI- <input type="checkbox"/> anatomical <input type="checkbox"/> MRS <input type="checkbox"/> DTI <input type="checkbox"/> fMRI <input type="checkbox"/> Other MRI <input type="checkbox"/> MEG <input type="checkbox"/> EEG <input type="checkbox"/> MEG with simultaneous EEG For MRI services, which scanner is requested: <input type="checkbox"/> 1.5T <input type="checkbox"/> 1.5T Mobile <input type="checkbox"/> 3T Trio <input type="checkbox"/> Neuropsychological Testing (room only) <input type="checkbox"/> Facilities use for other procedures (specify):	Total number of study patients:	Total number of scans for study:	Date scans will begin:	Date scans will be complete:
	Has funding been secured for these scans? <input type="checkbox"/> Y <input type="checkbox"/> N	Is this a clinical trial: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Identify the funding source: <input type="checkbox"/> MIND <input type="checkbox"/> UNM <input type="checkbox"/> NIH <input type="checkbox"/> Other:	Purchase Order No:			
Have you consulted with an imaging scientist in planning this study? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, name of the Imaging Scientist :	Personnel requirements: MR Technologist <input type="checkbox"/> Y <input type="checkbox"/> N Stimulus Delivery Tech <input type="checkbox"/> Y <input type="checkbox"/> N	Any pulse sequence programming of scanner? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, attach details of programming requests.			
Number of hours for each scheduled service (scan) -	Number of services (scans) per week -	NOTE: SCAN TIME IS CHARGED FOR THE USE OF THE FACILITY, SO SCHEDULE APPROPRIATE TIME FOR SETUP AND SCAN COMPLETION.			

Risks and Requirements:	Supplies Needed:
Will Power injector be required? <input type="checkbox"/> Y <input type="checkbox"/> N	Head Foam <input type="checkbox"/> Y <input type="checkbox"/> N
Will contrast agent be administered? <input type="checkbox"/> Y <input type="checkbox"/> N	Contrast <input type="checkbox"/> Y <input type="checkbox"/> N
Has the PI received the MIND safety certification in prior 2 years? <input type="checkbox"/> Y <input type="checkbox"/> N	ECG Leads <input type="checkbox"/> Y <input type="checkbox"/> N
Does the PI have CPR certification? <input type="checkbox"/> Y <input type="checkbox"/> N	CO2 Canula <input type="checkbox"/> Y <input type="checkbox"/> N
	Other supplies needed:

Technical Support & Analysis:	
Do you need data storage? <input type="checkbox"/> Y <input type="checkbox"/> N	Data storage needs:
Do you need help with data analysis? <input type="checkbox"/> Y <input type="checkbox"/> N	Data analysis needs:

Additional information and comments relevant to scan service request: (Please provide additional documentation for information relevant to the study.)	All research subjects must complete the following BEFORE an MRI scan: Consent Form / HIPAA Form / Metal Safety Screening Form / URSI Database Form
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PI Signature/Date
