



MRI CENTER FOR BIOMEDICAL IMAGING

Proposal for Use

Date:

1. Project Title:

2. Principle Investigator(s):

Phone # Email:

3. Contact Person or Research Coordinator:

Phone # Email:

4. Study Start Date:

Study End Date: (If known)

5. IRB or IACUC approval # (or pending):

If IACUC, what species?

6. Study Chart String Number:

7. Funding Source:

Total Grant amount:

8. Refer to our website: www.med.uvm.edu/mricenter/access or contact Gretchen.white@uvm.edu for assistance and most up to date list of MRI Center charges and fees.

9. Number of imaging sessions needed per month: Total needed:

10. Estimated length of time for scanning sessions, including set-up. Please use 15 min. intervals.

11. Are there specific scheduling requirements, such as multiple sessions per week or scheduling on short notice? Yes ☐ No ☐

12. Does your study require MRI center access outside of normal operating hours, 8am – 6pm, M-F? Yes ☐ No ☐
(If yes, MRI Center access after-hours will incur an additional \$100 fee).

13. MRI Physics Support requested? Yes ☐ No ☐

14. MRI data processing support requested. Yes ☐ No ☐

15. Please list any other equipment needed from the MRI Imaging Center.

16. How do you plan to back-up your images?

19. Does the IRB require a Radiologist to review your images? Yes ☐ No ☐

a. If yes, name of Radiologist to review your images?

b. If yes, please fill out the Dept. of Radiology MOU form. (form below).

20. What is the area of anatomical interest?

21. What specific imaging sequences do you need?

22. All personnel requesting entry to the MRI imaging area must be certified By MRI safety training. This can be scheduled through the MRI lab.

23. Please provide a brief summary of your proposed project.

24. List all non-UVMMC research personnel and M #'s that will be working in the MRI Center. They must be credentialed by UVMMC and obtain a badge.

1.

2.

3.

4.

MRI Center Advisory Group Reviewer signatures for approval:

Julie Dumas, PhD

Jiming Zhang, PhD

Gretchen White, A.S.

Anatomical Images that are reviewed by a radiologist will be stored in The UVM Medical Center PACS system, as well as an onsite MRI Center server.

Please reach out to us if you have any questions relating to the UVM MRI Imaging Center.

Julie Dumas, Ph.D.

Co-Medical Director

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Gretchen White, A.S.

Administrative Director

Gretchen.white@uvmhealth.org

Jiming Zhang, Ph.D.

MRI Physicist, Co-Director

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Memorandum of Understanding

Collaborating Investigator

Principle Investigator

This document is intended to clarify expectations of both parties with regard to the above project.

A. Authorship and Acknowledgement, the department of Radiology follows the International Committee of Medical Journal Editors (ICMJE) guidelines for authorship, which require contributions to each of the following areas. Indicate all that apply.

Section 1.

Study Concept -----	<input type="checkbox"/>
Study Design -----	<input type="checkbox"/>
Data Acquisition -----	<input type="checkbox"/>
Data analysis/interpretation -----	<input type="checkbox"/>

Section 2.

Manuscript drafting	<input type="checkbox"/>
Manuscript revision for important Intellectual content	

Section 3.

Approval of final version for submission Of manuscript	<input type="checkbox"/>
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All those designated as authors should meet all (three) criteria for authorship, and all who meet the (three) criteria should be identified as authors. Those who do not meet all criteria should be acknowledged. The criteria are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criterion #s 2 or 3.

Therefore, all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final version.

B. Funding Support -please check all that apply.

Time is provided voluntarily, no charge.

☐

Fee for service, standard of care

☐

Fee for service, not standard of care

☐

Percentage FTE dedicated to project.

%

Other, please specify.

The Principal Investigator agrees to keep the Collaborating Investigator apprised of progress, updates, grant submissions/awards and publications related to this study.

Principle Investigator:

Date

Collaborating Investigator:

Date

Departmental Authorization:

Date