

**Research MRI Application**  
**Rotman Research Institute, Baycrest Centre for Geriatric Care**

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1. APPLICANTS: \_\_\_\_\_ AFFILIATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Principal Investigator (PI): \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

3. BILLING ADDRESS/COST CENTRE:  
\_\_\_\_\_  
\_\_\_\_\_

4. SHORT TITLE OF PROPOSAL:  
\_\_\_\_\_  
\_\_\_\_\_

5. FUNDING SOURCE: \_\_\_\_\_  
Indicate if funding is obtained or applied for

6. REQUESTED MRI TIME (MR HOURS PER WEEK): \_\_\_\_\_

7. NUMBER OF MRI HOURS PER PARTICIPANT: \_\_\_\_\_

8. NUMBER OF PARTICIPANTS PER YEAR: \_\_\_\_\_

9. DURATION OF STUDY: \_\_\_\_\_

10. BILLING TYPE:   ▶   Funded  
                          ▶   Pilot study  
                          ▶   Commercial/contract

11. Additional comments on time allocation: \_\_\_\_\_

12. AUTHORIZED USERS: \_\_\_\_\_

13. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Principal Investigator*

14. ATTACHMENTS:

- a) If submitted separately from the REB application, a **one page** scientific summary describing project hypotheses and goals, and experimental methods, should be attached. The summary should enable the committee to ascertain the demands on MRI resources for the duration of the project. If submitted prior to REB approval, attach full REB application.
- b) If ethics approval has already been obtained, attach the most recent approval notification and a copy of the consent form.
- c) For projects supported by contract research, attach notification of research agreement and budget.

*Applicants must meet with Dr. Simon Graham to establish valid MRI protocol. Return 4 copies of the complete package (electronic or hard copies) to Claude Alain ( [calain@rotman-baycrest.on.ca](mailto:calain@rotman-baycrest.on.ca) ).*

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**ADMINISTRATION ONLY**

COMMITTEE APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_  
RATE: \_\_\_\_\_ PROFILE NUMBER: \_\_\_\_\_