

Research MRI Application
Rotman Research Institute, Baycrest Health Sciences

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. Jean Chen to establish valid MRI protocol. Return 4 copies of the complete package (electronic or hard copies) to Jean Chen (jchen@research.baycrest.org).

ADMINISTRATION ONLY

COMMITTEE APPROVAL: _____ Date: _____
RATE: _____ PROFILE NUMBER: _____