

MRRC Pre-Application Form

(Please bring this completed form to your prearranged consultation appointment)

I. PI information

- A. PI Name _____
- B. Department _____
- C. Office Address _____ Phone _____ Email _____
- D. Start date ____/____/____

II. Project information

- A. Project Name _____
- B. Project ID (MRRC Assigned) _____
- C. Project category (circle all that apply)
Anat-MRI Quantitative-MRI DTI MRS SVS fMRI ASL PET
- C. Subjects: Human Rodent Other _____
- D. Project abstract (keep short, will be published on the MRRC web site)
- _____
- _____
- _____
- _____
- _____
- _____
- _____

III. Resources

- A. Billing type (reduced pilot, NIH, other) _____
- B. Required MRRC staffing (nurse, MR tech, Physics)
- C. Investigator provided Staff (animal transport/handling & data analysis)
Name _____
Ph# _____ Email _____
- D. Notes and comments

MRRC Staff Interviewer _____ Date ____/____/____