

UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE (JABSOM)
Proposal for use of 3-T MRI Research Scanner

PI: _____ Faculty sponsor (if any): _____

Co-Investigator (if any): _____

Project Title: _____

Department: _____ Institution: _____

Phone: _____ E-mail: _____

Billing Information and Address for Invoice(s): _____

List Existing Funding Sources (if any): _____

Summary of acquisition protocol (list of sequences, including scan times) _____

Method for Data Analysis (software, etc.): _____

Total Number of Scanner Hours Requested: _____ hrs Estimated Project Period: _____ (from) _____ (to)

Preferred days/hours: _____ (M thru F) _____ (10 to 6 PM) _____ (Other)

Any Additional Equipment Required: Yes No

If Yes, Specify: _____

Available Support for Research, Fee Rates in Parenthesis (please check appropriate box):

Fully Funded Studies, UH-CRC-supported (\$480/hr)

Pilot Studies, UH-CRC-supported (\$240/hr)

Fully Funded Studies, non-UH-CRC-supported (\$600/hr)

Pilot Studies, non-UH-CRC-supported (\$300/hr)

If requesting free pilot hours, briefly describe why departmental funds are not available: _____

Briefly describe need for data processing (rates vary by method) _____

IRB Approval received: Yes No Date of Approval (if available): _____
(if available, please attach and send copies of IRB approval letter for protocol)

Signatures *Date*

PI _____

Co-Investigator (if applicable) _____

Faculty Sponsor (if applicable) _____

Please attach protocol section from the approved IRB application - include theoretical motivation, experimental procedures and expected results; and biosketches of PI and co-investigators (*electronic version preferred*).

Send completed proposal form by email to lchang@hawaii.edu (Linda Chang, M.D., MR Core Director) or tmernst@hawaii.edu (Thomas Ernst, Ph.D., MR Co-Director). Also submit signed original proposal by mail:

Linda Chang, M.D.
 UH JABSOM Dept of Medicine
 1356 Lusitana St., 7th Floor
 Honolulu, HI 96813

Check list for submission of project proposal:

- Completed and signed proposal (submit original and E-mail an electronic version)
- Research Protocol (any format, electronic version preferred) is required; include summary statement from funding agency (if applicable)
- IRB approval letter, if available (any format, electronic version preferred)
- Biosketches of PI and co-investigators (any format, electronic version preferred)

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Date of Review:	Date of Approval (NA if disapproved):
Rate of scan fees:	Subsidy if any:
MR physicist / Technical personnel	
ACCOUNT #:	