**Domenici Hall MRI-PET Imaging Core Facility**

**Project Request Form**

Please complete this form for each project and e-mail to Faith Brandt at[**faithann@salud.unm.edu**](mailto:faithann@salud.unm.edu) who will assign you a project number. All imaging procedures will be performed under the supervision of the MRI core Manager.

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| **Principal Investigator** | | |
| **Name** | Enter Name of the Principal Investigator | |
| **Department / Organization** | Enter Name of UNM Department or Organization | |
| **Mail Stop Code / Address** | Enter UNM MSC Code or Address for External Organizations | |
| **Phone Number** | 999-999-9999 | |
| **E-mail** | Enter Preferred Email Address | |
| **eRA Commons Name** | Enter eRA Commons Name | |
| **Protocol short name / IACUC # / HRRC #** | Enter Protocol short name / IACUC # / HRRC # | |
| **Project Title** | Enter Project Title | |
| **Project Start Date**  MM/DD/YYYY | **Project End Date**  MM/DD/YYYY | **Project No:**  (to be assigned) |
| **Funding Source** | | |
| **Purchase Order** | n/a | |
| **Primary Study Index** | Enter UNM Index Number | |
| **Primary Funding Type** | Choose an item. | ***If other***, please specify here. |
| **Secondary Index**  (Over Expenditure Account) | Enter UNM Index Number | |
| **Secondary Funding Type** | Choose an item. | ***If other***, please specify here. |
| **Administrative Contact InFORMATION** | | |
| **Name:** Enter Name of Your Admininstrator | **Phone:** 999-999-9999 | **Email:** Click or tap here to enter text |
| **ACCOUNTanting Contact InFORMATION** | | |
| **Name:** Enter Name of Your Accountant | **Phone:** 999-999-9999 | **Email:** Click or tap here to enter text. |

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| **Project Information** | | | | | |
| **Animal Species / Strain** | | | Enter Animal Species / Strain | | |
| **Contrast / Radioisotope / Route**: | | | Enter Name of Contrast / Radioisotope / Route Given | | |
| **MRI** | | | **Yes  No** | | |
| **PET-MRI** | | | **Yes  No** | | |
| **Image Analysis / Data Processing** | | | **Yes  No** | | |
| **Live Animal Imaging** | | | **Yes  No** | | |
| **Rat:** | | | **Yes  No** | | |
| **Mouse:** | | | **Yes  No** | | |
| **Other:** | | | **Yes  No** | | **If yes,** specify here. |
| **Number of Animals to be Imaged \*** | | | Enter Number of Animals to be Imaged | | |
| **Fixed Tissue Imaging**  (Brain, Kidney, Human Tissue, etc) | | | **Yes  No** | | **If yes,** specify tissue type here. |
| **Type of Images** (check all that apply) | | | | | |
| **FDG-PET map**  **Proton density**  **T1 weighted image**  **T2 weighted image** | **T1 map**  **T2 map**  **T2\* weighted image**  **T2\* map** | | | **Diffusion weighted images (ADC, FA)**  **Perfusion weighted image (cerebral blood flow map)**  **Permeability map, BOLD image**  **Others: If checked,** specify here | |
| **Short Term Imaging Study**  (1 year or less) | | | **Yes  No** | | |
| **Multi-Year Imaging Study** (greater than 1 year) | | | **Yes  No** | | |
| **Frequency of Scan Time**  (daily, weekly, monthly, etc.) | | | Enter Frequency of Scan Time | | |
| **Estimated Scan Time per Animal** | | | Enter Estimated Scan Time per Animal | | |
| **Maximum Number of Imaging Sessions for Each Animal** | | | Enter Maximum Number Imaging Sessions per Animal | | |
| **Location of Animal Housing** | | | | | |
| **BBHI / BRaIN ARF**  **Fitz Hall ARF** | | **COP B18**  **Main Campus ARF** | | | **Other: If checked,** Enter Facility Name Here. |

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| **Research Study SYNOPSIS FOR ANNUAL PROGRESS REPORTS** |
| ***Please provide a short study synopsis of the purpose of your MRI or PET-MRI project (1-paragraph minimum). This information is needed for BBHI’s annual progress reports to NIH and HSC Office of Research.*** |
| Click or tap here to enter text. |

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| **Agreement** | |
| 1. All live animal imaging must be approved by the HSC IACUC prior to the initial study. 2. PIs are responsible for transporting their animals to/from MRI Core Facility. 3. PIs are responsible to contact BBHI to extend their project date and/or make changes to this agreement. PIs are required to submit a new request for each project. 4. For the anticipated number of animals to be imaged based on preliminary review of the study requirements, additional animals are permitted to undergo imaging procedures as long as the request is coordinated through the IACUC in advance and that the IACUC protocol approval #, species/strain, proposed research, and modality/agent remain the same. The MRI core manager maintains associated records regarding the total number of animals imaged under an investigator's approved protocol. 5. If the MRI Core Manager, Research Technologists, or other personnel conducting the MRI scans on the animals feel like the animal is an anesthesia risk, showing severe clinical signs such as dehydration, dyspnea, or intractable pain, the veterinarian will be consulted and the scan may not be able to be conducted. 6. BBHI Animal MRI Core utilizes electronic billing. The BBHI will provide a monthly invoice via email to the PI, listing itemized charges for services provided. Within 5 working days of issuing the itemized billing statement, a journal entry will be generated in Banner and the invoiced amount will be automatically withdrawn from the Banner index provided on this request. | |
| **SIGNATURE** | |
| **I certify that I have read and understand the agreements above and my responsibility for reviewing invoices for Domenici Hall Core services and authorize payment based on this agreement.** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please Enter Full Name, Credentials** Principal Investigator | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Surojit Paul, PhD** MRI Core Director |

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1 University of New Mexico | MSC08 4560, Albuquerque, NM 87131 | Phone (505) 272-5044