

Zuckerman Institute MRI study initiation form (Version: 13Dec2022)

PI name and affiliation	
Researchers involved and their affiliations	List all researchers involved in scanning, their UNIs, and their roles.
Project name	
IRB # ("pending" is ok)	
Brief project description	
Which MR scanner will you use?	You may select more than one. <input type="checkbox"/> Siemens 3T Prisma Eve (north) <input type="checkbox"/> Bruker 9.4T <input type="checkbox"/> Siemens 3T Prisma June (south) <input type="checkbox"/> Don't know/
MR technologist support	Do you require an MR technologist to run your scans?
Peripheral equipment	List the stimulus presentation and response devices and/ or physiological monitoring equipment you will need.
# of participants	How many participants will you scan? Approximate is ok.
# of scans per participant	Will your participants have more than one MRI scanning session? How many, and at what approximate intervals?
Duration of each scan	(Approximate is ok.)
Scanning start date	(Approximate is ok.)
Scanning end date	(Approximate is ok.)
Participant population	Describe your patient/ subject/ participant population. Include any aspects that may require extra accommodation.
Challenges anticipated	Describe difficulties (if any) you anticipate with the MR component of your study.
Requesting prioritized scan scheduling	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Provide justification (prioritized scheduling should only be requested when there is a strong justification)
Time constraints	Will you require specific times on the scan calendar? (for example, only weekends, only mornings)
Enclosed documentation	<input type="checkbox"/> IRB protocol <input type="checkbox"/> other
Scan payment grant	<input type="checkbox"/> Columbia grant <input type="checkbox"/> RFMH grant <input type="checkbox"/> Other (describe)