MRI Research Protocol Submission
(Version of 19 July 2012)

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Instructions

Submit a signed original and two sets of copies of the MRI Facility Utilization Form and Abstract of Proposed Research, and all relevant attachments (e.g., IRB consent forms and letter of approval) to the Center for NMR Research (CNMRR) for review by our Protocol Review Committee (PRC). Questions can be directed to the PRC or Center Director via Patti Miller at (717) 531-6069.

Note: 1) The Abstract should clearly and concisely describe Aims & Hypotheses, Background & Significance, and Experimental Plan, and include sufficient detail to allow for evaluation on scientific merit.

2) Any materials or equipment that an investigator proposes to take into the magnet area must be described in an attachment to the **Facility Utilization Form**, and approved by the PRC prior to usage.

The Protocol Review Committee (PRC) holds overall responsibility for scientific quality and safety assurances for the project utilizing the Center's resources. The PRC evaluates protocols in terms of scientific merit, feasibility and safety.

Review Process: Following review, each protocol will be considered: (a) approved; (b) approved pending revisions; (c) disapproved; or (d) deferred. Protocols approved pending revision must be resubmitted to the Chair of the PRC, who may approve the revisions without convening the entire PRC. Deferred protocols must be resubmitted to the committee with additional information appended.

Investigator Participation: Investigators may be invited to clarify their protocol to the PRC. Their presence is not required unless requested for PRC meetings.

Following approval by the PRC, investigators will be provided with information on procedures of booking the scanner time for the proposed studies. It is the responsibility of investigators to follow strictly all guidelines established for conducting research in the CNMRR, including the maintenance of logs for all systems, and the filing of screening forms, informed consent forms and exit questionnaires where applicable for human participants.

Acknowledgement in manuscripts of the technological support from the core facility of Penn State University College of Medicine is appreciated.

MRI Facility Utilization Form

1. **Protocol Title:**_____

2. **Submission Date:**_____

3. **Principal Investigator:**_____

4. **Billing Address (Please specify mailing code if applicable):**

   _____

5. **PI's Contact Info:**

   Dept._____ **Phone**_____ **Fax**_____ **Email**_____

6. **Research Coordinator's Contact Info:**

   Name _____ **Phone**_____ **Fax**_____ **Email**_____

7. **Financial Contact:**

   Name _____ **Phone**_____ **Fax**_____ **Email**_____

8. **Study Type:**

   Functional MRI Structural Imaging MR Spectroscopy Diffusion Other

   [Circle as many as appropriate. If other, specify.]

   Will CNMRR researchers be involved? Y N

   CNMRR researchers:

9. **Subjects: Human Animal**

   [Circle one. If Human, attach IRB approval letter & consent form; if Animal, attach IACUC approval letter.]

10. Will services of the CNMRR Anatomical Image Analysis be used? Y N

[Circle one. If yes, attach completed Data Acquisition Priority Form, signed by director of that lab.]

11. Will other Center equipment be required? Y N

[Circle one. If yes, describe at left.]

Description: _____

12. Will other equipment be required? Y N

[Circle one. If yes, attach description and seek approval from center]

Scanner Requested	Animal 7 Tesla	Human 3 Tesla Siemens/Philips
Start Date Requested		
Number of Sessions Requested		
Duration of Each Session (in hours)		

13. Funding Source:_____

Budget Routing Number: _____

[If unfunded, limited support may be granted by the center to junior researcher; attach a letter requesting such support.)

Signature of P.I. _____**Date**_____

Abstract of Proposed Research

Protocol Title: _____

Principal Investigator: _____

Please use this page to summarize Aims/Hypotheses and Background/Significance. Please provide enough information on scientific rationale to allow for evaluation of scientific merit. Please also provide details of sequences and parameters used for the imaging studies.

Abstract of Proposed Research

Protocol Title:_____

Principal Investigator:_____

Please use this page to summarize the Research Plan. Please provide enough information on scientific rationale to allow for evaluation of scientific merit. Please also provide details of sequences and parameters used for the imaging studies.

Signature of P.I.: _____ **Date:** _____

Name (Please Print)**:** _____**Affiliation:** _____

Guidelines for Fees and Scanner Changes

1. The current rates for the usage for CNMRR resources are in shown the table below.
2. The charge for the usage of the scanner will be calculated following the reserved time slot on our scanner scheduling system or the time actually used, whichever is larger.
3. The payment will be due upon receipt of the invoice issued by CNMRR.
4. In case of cancellations due to unforeseeable events, it is the user's responsibility to notify Center's administrator at least 24 hours in advance to reschedule the study time (Xiaoyu Sun at (717) 531-5858, email: xqs100@psu.edu). Otherwise, the usage will be charged as scheduled.
5. In case of the inadequate quality of data collected due to MRI system problems, the scanner charge will be waived.
6. The Center will not be responsible for the inadequate data quality due to the experimental design, execution of the experiment, subject movement and statistical errors.

Scanner Rate*	**Animal 7 Tesla**	**Human 3 Tesla Siemens/Philips**
Institutional	$180/hour	$510/hour
Non-Institutional	$250/hour	$700/hour
Data Analysis Rate	**fMRI/DTI/MRS**	**Volumetric/Morphologic**
	$200/subject/study	$100/subject/study

*The scanner rates are subject to change upon institutional budgetary consideration without notice.