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| ***MRRC Request for (Pilot) Application***  |
| Project Title:  | Submission Date:  |
| Principal Investigator: (Last, First): Department: Contact E-mail Address:  | PI Administrative Phone Number:  |
|  **Expected Protocol Requirements** |
| System: (3T or 9.4 T): Surgical Facilities Required? (Y or N) *Animal Housing > 24 hours* (Y or N)  | MRRC Consultation Contact (if available)?: |
| MRI System Usage and Funding Status |
| Months of Study:  | Start Date: | Studies/Week: | Hrs/Study: | Termination Date:  |
| Total MR System hours required: 3T  OR 9.4 T \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Number of Subjects:** Human  Animal \_\_\_\_\_\_\_\_\_\_ Phantom \_\_\_\_\_\_\_\_\_\_\_\_ |
| IRB or IACUC approval will be required for all studies.  |
| \* ***Confidential:* *For MRRC Use Only*** \* |
| **MRRC Review Date:** | **MRRC Status:**  | **MRRC Protocol #:** |
| **Approval Forms:** **IRB/CCI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****IACUC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Received:** | **Funding**:External: Internal : Pilot Grant # :  | **Consultant Used** |

I have reviewed (or will) the MRRC Safety Policy Manual and have appropriate approvals in place to conduct this research. I agree to the terms stipulated for use of the MRRC. I further agree to acknowledge the MRRC and its faculty for assistance given in conduct of this research.

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| PI Name (Please type and submit via e-mail) |  | Date |

 ***Project Funding Information***

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| Internal Rates: MRI is charged as follows: 3T $650.0/hour; 9.4 T: $150/hour.\*\*\*External (non-Montefiore/Einstein) Rates: 3T $845.0/hour; 9.4 T: $225/hour.\*\*\*\*\*\*MR technician time is included. All incidental costs (animals, drugs, DVD’s, etc) are the responsibility of the investigator. Housing of animals for greater than 48 hours may incur standard per diem charges. Please complete the worksheet below to determine total proposed usage and costs. \*\*\*For large studies, discounted rates may apply. Please contact the MRRC for further information.***MRI USAGE DETAILS:***A. Enter the number of subjects to be studied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_B. Estimate the number of hours required per session (MRRC staff may modify estimate): \_\_\_\_\_\_\_\_\_\_\_\_C. Enter the total number of sessions required per subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D. Compute the total number of hours required (AxBxC) = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E. Enter the anticipated start date for this protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| F. Estimate total costs (D x rate for the required scanner) = **\_\_\_\_\_**\_\_\_ |
| ***Research AWARD Requests: please see the Einstein Pilot Research Page for offerings:***[***http://www.einstein.yu.edu/research/pilot-grants/***](http://www.einstein.yu.edu/research/pilot-grants/) |

**PI Acknowledgement: The PI agrees to acknowledge the MRRC for its support in any relevant publication.**

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| Signature |  | Date |

**SCHEDULING:**

Projects can be scheduled once a Project # is assigned. Internal Projects will receive a Project # once an index number is available in ILABS. External Projects will receive a project number once an account number is available in ILABS.

To view available slots please visit the ILABS Einstein Web site for the **Magnetic Resonance Research Center**,

<https://einstein.ilabsolutions.com/service_center/show_external/2967?name=magnetic-resonance-research-center-gruss-mrrc-and-micropet-facility>

The Availability Calendar for each magnet is visible on the “View Calendar” page.

To Schedule an available slot please call 718-430-3323

or email

MRRC3TSchedule@einsteinmed.edu

***Description of Proposed Research***

*(Please summarize concisely, in 2 pages or less, the goal(s) of the proposed research, including an Abstract, Specific Aims, Hypotheses, and proposed methods. Sufficient background information must be included to justify the merit and significance of the project.*