MR#: (Assigned by Research MRI Safety Office)

Principal Investigator (PI): Click or tap here to enter text.

Department: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Contact Person Phone Number: Click or tap here to enter text.

Contact Person Email: Click or tap here to enter text.

Protocol Title: Click or tap here to enter text.

Identify the type of Animal Subject proposing to be used:

Mice

Rats

Other

If other, click here to identify proposed animal subject

**NOTE: If your study has a related MCW Animal Use Application (AUA) DO NOT COMPLETE THIS FORM. By indicating the use of MRI within the AUA, the study is automatically routed to the Research MRI Safety Committee for review.**

***Instructions:***

1. ***Complete the table below per MRI system that will be used***
2. ***Check the appropriate boxes that apply to the study***
3. ***Submit completed application to*** [***MRIresearch@mcw.edu***](mailto:MRIresearch@mcw.edu)
4. Complete a row on the table per MRI system being proposed for use. For example, if your study will only be utilizing **one** MRI system, only complete **one** row of the table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MRI System:**  Identify MRI System | **Pulse Sequence(s):**  Will they be developed within vendor environment? | **RF/Gradient Coil(s):**  Will only standard vendor-provided hardware be used? | **Additional Equipment:**  e.g., equipment to present stimuli, monitor responses, physiologic events, and/or perform other duties | **Scanner Operator & Qualifications:**  Who will be operating scanner |
| Daniel M. Soref Imaging Research Facility Pre-Clinical Scanner System  Daniel M. Soref Imaging Research Facility Human/Animal Scanner System  Other\* | Yes  No\* | Yes  No\* | Yes\*  No | Center for Imaging Research Animal Imaging Staff  Another trained individual\* |
| Daniel M. Soref Imaging Research Facility Pre-Clinical Scanner System  Daniel M. Soref Imaging Research Facility Human/Animal Scanner System  Other\* | Yes  No\* | Yes  No\* | Yes\*  No | Center for Imaging Research Animal Imaging Staff  Another trained individual\* |
| Daniel M. Soref Imaging Research Facility Pre-Clinical Scanner System  Daniel M. Soref Imaging Research Facility Human/Animal Scanner System  Other\* | Yes  No\* | Yes  No\* | Yes\*  No | Center for Imaging Research Animal Imaging Staff  Another trained individual\* |

*\*Provide additional details in Question 2*

1. For each box checked in the table marked with “\*”, describe below:

*-* ***MRI System:*** *If “Other” is marked, provide type and location of MRI system*

*-* ***Pulse Sequence(s):*** *If “No” is marked, describe the proposed sequences*

*-* ***RF/Gradient Coil(s):*** *If “No” is marked, describe the proposed hardware*

*-* ***Additional Equipment:*** *If “Yes” is marked, describe the proposed additional equipment*

*-* ***Scanner Operator:*** *If “Another Individual” is marked, identify and provide the qualifications of the scanner operator*

Click here to provide additional details

1. Will MRI equipment be sanitized according to the Research MRI Safety Committee standard on [Infection and Allergy Control (MR.SOP.06)](https://www.mcw.edu/departments/research-mri-safety/sops)?

Yes

No

If no, click here to justify deviation and describe alternative sanitation measures

1. Will the study involve any MRI-related hazards that are unique to or accentuated by this study?

*\*Potential hazards include materials and equipment which could increase the risk of burn or injury in the magnetic environment such as: Implanted devices, ferromagnetic scissors/clamps, medical gas tanks, new stimulus or monitoring equipment with wires in the magnet. (Refer to* [*MR.SOP.02 Equipment and Materials*](https://www.mcw.edu/departments/research-mri-safety/sops) *for more information)*

Yes

No

If yes, click here to identify and describe procedures to prevent/minimize hazard

**Principal Investigator Attestation**

I acknowledge responsibility for the conduct of the MRI procedures described in this application:

* I am familiar with the potential hazards in the magnetic environment and agree to full adhere to requirements delineated in this application.
* I have read and understand the MCW research MRI Safety Standard Operating Procedures and agree that they will be followed by study team members.
* I have read and understand the MCW research MRI Safety Scanner Software Modification Policy and agree that they will be followed.
* I agree that as the Principal Investigator, I will have sufficient personnel on-site during scanning session(s) to ensure safe practices.
* I agree that at least two MRI safety trained individuals will be present in the immediate area during scanning session(s).
* I agree that all study team members who enter the magnet room will be compliant with MRI Safety Training requirements.
* I agree that all subjects and items will be screened for safety prior to entering the magnet room.
* I agree that hearing protection will be worn by all research participants who are in the magnet room during scanning.

Principal Investigator Signature

*My signature above indicates that the study team identified below work under my supervision. I certify that prior to initiating work with MRI, all personnel will complete MRI Safety Training as required.*

**Study personnel who will be screening subjects and/or entering the magnetic environment:**

|  |  |  |
| --- | --- | --- |
| **Last, First (Printed)** | **Date** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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