



University of Rochester Center for Advanced Brain Imaging and Neurophysiology

UR CABIN

Del Monte Institute for Neuroscience
 The University of Rochester
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New Imaging Study Information Form

(Please fill in sections I through IV of this PDF document electronically and return via email to urcabin@urmc.rochester.edu; sections V and VI will be completed by CABIN personnel)

I. GENERAL INFORMATION

PROTOCOL INFORMATION

Study Title:	
RSRB/UCAR Protocol Number:	Approval / Expiration Date: /
Proposed Project Start Date:	Proposed Project End Date:
Proposed Acronym:	*Acronym is for MR Scanner and CABIN Server*

Principal Investigator (PI):	
E-mail Address:	
Position:	Department:

Co-PI:	
E-mail Address:	
Position:	Department:

RESEARCH COORDINATOR(S)

Name:	Email:	Phone:
Name:	Email:	Phone:
Name:	Email:	Phone:
Name:	Email:	Phone:

The PIs and RCs will be added to our CABIN user mail list. Please let us know if additional personnel need to be included.

II. FINANCIAL INFORMATION

PROJECTED USAGE AND COST

Scan Time Requested per Subject (in 15 minute increments):		*Please include set-up and clean-up time in the total calculated scan time. Minimum requirement is +15 minutes for simple routine set-up*			
Number of Scans Requested for this Study Per Fiscal Year (July to June):	Year 1	Year 2	Year 3	Year 4	Year 5
Anticipated Imaging Cost of the Study (Calculation Below):					
_____ Hours per Scan x _____ Number of Scans per Study x _____ Hourly Rate (\$600/HR)					
*This rate is for UR internal studies only. All external studies please contact renee_stowell@urmc.rochester.edu *					

INVOICES ARE EMAILED TO THE PI AND ONE CONTACT PERSON

Name of contact for billing purposes:		
Company/Institution:		
Department:		
Address:		
Email:	Phone:	Fax:

FUNDING SOURCE INFORMATION

Funding Agency:	Grant #:	Account/FAO #:
Name of Project (with funding agency):		

DATA STORAGE INFORMATION

Will you require additional storage for data analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate storage needed (Gigabytes):
Indicate data retention period after the study has closed:	
Does the study have external collaborators: <input type="checkbox"/> Yes (please attach a copy of your Data Usage Agreement) <input type="checkbox"/> No	

Please attach a copy of your Data Management Plan and Data Access Control List

OTHER CABIN USAGE

Do you require the use of a Mock (practice) Scanner for this study: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require the use of Assessment Rooms that are on-site here at CABIN: <input type="checkbox"/> Yes <input type="checkbox"/> No

III. ADDITIONAL REQUIRED DOCUMENTATION

1. 300-WORD LAY ABSTRACT (will be posted to our website)

(Type here or attach)

****For any questions or to schedule a meeting with any of the CABIN team, please email us: urcabin@urmc.rochester.edu****

2. SPECIFIC INSTRUCTIONS FOR SETTING UP AND RUNNING THE MRI PROTOCOL

i.e. MRI sequences and parameters; anatomy to be imaged; positioning of the subject; special instructions for subject

3. ANY SPECIAL REQUIREMENTS (scanner, equipment, scheduling constraints, etc.); OTHERWISE STATE "NONE":

i.e. stimulus screen; button boxes; headphones; BIOPac physiological recording (EEG, PPU, CO2); 2 – 1hours scans in a day with a 2 hour break in-between; etc.

4. ANY ADDITIONAL EQUIPMENT NEEDED NOT ON-SITE OR USER OWNED EQUIPMENT BEING USED; OTHERWISE STATE "NONE":

i.e. elastography equipment; syringe pumps; external trigger; MRI-compatible microphone; etc.

IV. STUDY CHECKLIST (completed by PI)

- LAY Abstract Included
- DUA (Data Usage Agreement) attached (if available)
- DMP (Data Management Plan) attached
- Data Access Control list attached
- All personnel are CABIN MR Safety trained or scheduled for MR safety session
- Selected/will select CABIN Committee Review when submitting to CLICK IRB (Not required for UCAR)
- CABIN specific Incidental Findings and MRI risk language included in Written Protocol and Consents
- Any user owned equipment to be used during scanning has been approved by CABIN Equipment Physicist
- Scan time requested per subject includes set-up and clean-up in MRI suite; additional time added for any specialized set-up/clean-up requirements

PRINCIPAL INVESTIGATORS' CERTIFICATION

In signing below the Principal Investigator(s) (PIs) certify that the above is accurate and complete to the best of the PIs' knowledge. The PI(s) agrees to accept responsibility for the scientific conduct of the project (including study team and subjects) at CABIN.

<i>Principal Investigator's Signature:</i>	<i>Date:</i>
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Below for CABIN use ONLY

V. CABIN CHECKLIST

- Acronym approved
- All personnel are included on the user mail list
- All personnel are safety trained
- Proposal/IRB-approved protocol/Current approval letter/Consent form(s) reviewed
- Adequate Incidental Findings treatment and MRI safety language
- One-paragraph description provided
- Protocol installed on the scanner and QC scan performed and approved (unless waived)
- Approved Acronym:
- RSRB/UCAR Protocol Number:

VI. FINAL CABIN APPROVAL

<i>CABIN Staff Name:</i>	<i>CABIN Staff Signature/Date:</i>
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