



## University of Rochester Center for Advanced Brain Imaging and Neurophysiology

### UR CABIN

Del Monte Institute for Neuroscience  
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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](mailto: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:

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

### 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

(Type here or attach)

#### 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.)

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

#### 4. ANY ADDITIONAL EQUIPMENT USER OWNED EQUIPMENT BEING USED

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

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

#### 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.*

*Principal Investigator's Signature:*

*Date:*