

MRI Unit
New York State Psychiatric Institute
Grant Application Information Form

Date of Request: _____

Department: _____

Project Title: _____

Principal Investigator: _____

Title & Degree: _____

Phone: _____ E-Mail: _____

IRB/IACUC REQUIREMENTS

Title _____

Number _____

Approval Date _____ Expiration Date _____

PART 1: Study Plan

1. What is the anticipated duration of your study?

2. What is your planned starting date?

3. Please describe the total amount of scanning in your study. Include i) total number of subjects in the study, ii) anticipated total number of years in your study, iii) hours of scan time per subject (if there are different groups with different scan durations, describe each separately), iv) expected number of subjects per year. Please be as detailed as necessary to describe the full scope of your imaging study

Please take the following into accountK

Costs for RFMH applications: \$600/hour + \$50 neuroradiology reading per subject
Costs for non-RFMH applications: \$650/hour + \$50 neuroradiology reading per subject
Costs for Industry Sponsored Contracts: \$800/hour + \$50 neuroradiology reading per subject

Annual 3% increase is to be included in budget for subsequent years.

Buffer time: hourly rates refer to the total time the scanner is used by your study including set up time, adjustments, etc. Please be sure to build in enough time to accommodate these

PART 2: Scanning Details. This section requires consultation with MRI Center Technical Staff before completion.

4. Consultation: Please provide the name of the MRI center technical staff member that was consulted and the date of the consultation

5. Does your study require contrast agents? (if yes, please specify)

6. Do you require special pulse sequences? (If yes, please describe them here)

7. Do you require a special RF coil? (If yes, please describe it here)

8. Will the scans require *additional* neuroradiology readings? (note: It is an IRB requirement that *every* subject in a protocol receives one general neuroradiology reading of an anatomical scan. This question pertains to additional or specific purpose readings)

Part 3: Financial Support

Funding Agency:

Submission Due Date:

Approvals

Rachel Marsh, PhD

Director, MRI Unit

Please upload signed completed form to TIQR (<http://tiqr.nyspi.org>).