

**SUNY UPSTATE MEDICAL UNIVERSITY -- IHP MRI CORE FACILITY  
SCANNER USER REQUEST FORM**

1. Protocol Title: \_\_\_\_\_
2. Principle Investigator: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_
- 3 Collaborators: \_\_\_\_\_  
\_\_\_\_\_
4. Subjects:  Human  Animal  Other \_\_\_\_\_
5. IRB or CHUA Approval # \_\_\_\_\_  
(Please attach copy of cover letter approval)
6. Describe MRI Scanning Requirements:  
 Anatomy  Functional MRI  <sup>1</sup>H Spectroscopy  Other  
\_\_\_\_\_
7. Number of Requested scanning hours and number of sessions: \_\_\_\_\_  
Estimated duration of project START date to COMPLETION: \_\_\_\_\_
8. MRI Core support for data post processing and/or diagnostic review required? :  Y  N  
explain: \_\_\_\_\_
9. Any other special equipment, protocols, or materials: \_\_\_\_\_  
\_\_\_\_\_
10. Machine time rate:  
\_\_\_\_\_ **\$150/hr** UMU Upstate Faculty Dept.,  
Non-funded & exploratory # Hours requested: max =10  
\_\_\_\_\_ **\$530/hr** UMU Upstate Faculty Dept. funded projects; UMU Hendrick's funded projects;  
SUNY Upstate External NIH Funded projects # Hours requested: \_\_\_\_\_  
Source of Funding: \_\_\_\_\_  
\_\_\_\_\_ **\$798/hr** for non-SUNY External & Industry projects # Hours requested: \_\_\_\_\_  
Source of Funding: \_\_\_\_\_

**P.I. SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

IHP MRI COMMITTEE CHAIR APPROVAL, DR. D. FEIGLIN: \_\_\_\_\_ Y \_\_\_\_\_ N  
RESEARCH ADMINISTRATION APPROVAL, DR. S. GOODMAN: \_\_\_\_\_ Y \_\_\_\_\_ N  
Please return completed form to GM Tillapaugh-Fay IHP-MRI Core rm. 1203F.

If needed, comments and/or recommendations will be sent from MRI Core Committee Chair, D. Feiglin, MD  
If your request has been denied you may submit a request for review by the committee.