##### Pre-clinical 9.4 T MRI

##### New Project - Expression of Interest

##### Submission to the Pre-Clinical MRI Scientific Management Group

Please fill out the form below and send by email to Andre Bongers (andre.bongers@unsw.edu.au) and Carl Power (c.power@unsw.edu.au).

We will contact you to set up a project meeting as soon as possible.

|  |
| --- |
| **Title of project:**  |
| **Lay description of the project (2 - 3 lines)**  |
| **Brief description of the proposed MRI imaging aspect of the project (2 – 3 lines) ; What information do you want to get from MR imaging?** |
| **1st Chief Investigator** *list other investigators on page 2* |
| Name and title |  |
| Qualifications |  |
| Affiliation |  |
| Address |  |
| Phone  |  |
| Email address |  |

**Name & Contact Details** **for the MRI component of the project** (if not the same as above)

|  |  |
| --- | --- |
| Name and title  |  |
| Qualifications |  |
| Affiliation |  |
| Address |  |
| Phone (office and mobile) |  |
| Email address |  |

1. Do you have previous experience in research MRI (tick as appropriate)?

**No experience**  **Pre-clinical experience**  **Clinical experience** 

2. Is this a funded research project?

**Funded**  **Funding proposal in preparation**  **Not Funded** 

3. Does the project require ethics approval? **Yes**  **No** 

**If yes**, has ethics approval been obtained?

**Yes, including MRI  Yes, but not for MRI**  **No **

4. Do you require assistance with an ethics application for MRI work?

 **Yes**  **No**  **To be discussed** 

5. Are you aware of any relevant literature / MRI sequences required?

Top of Form

 **Yes**  **No** 

Bottom of Form

 If yes please provide 1-2 key references:

**List of other Investigators, with email addresses (include students who will be involved in the MRI part of the project)**

|  |  |
| --- | --- |
| **Name** | **Email** |
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**Any other relevant information:**