Project RegistrationForm

Pre-clinical 9.4 T MRI

This form collects important information for the expression of interest, set-up or registration of new projects within the pre-clinical MRI facility in the Biological Resources Imaging Laboratory / Mark Wainwright Analytical Centre. Please send the filled form to andre.bongers@unsw.edu.au.

# Project description

|  |
| --- |
| **Full project Title:** |
| **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/hope to get from MR imaging?) |
| **Literature References:** Insert relevant references to 1) related or similar projects with project relevant information (e.g. MRI protocols, background information etc.). Also include references to publications and conference presentations from previous related projects from our facility. |

**MRI project schedule**

|  |  |
| --- | --- |
| Approximate project start date |  |
| Approximate project end date |  |
| Experiment scheduleInclude approximate number of scan sessions to be expected and - if available give rough experimental plan including information about scan scheduling |  |

# Investigators

### Principal Investigator of overall project

|  |  |
| --- | --- |
| Name and title |  |
| Position |  |
| Affiliation |  |
| Address |  |
| Phone  |  |
| Email address |  |

**Name & Contact Details** **for responsible person for the MRI component of the project**

(if different from above)

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

**List all other investigators and *beneficiaries of the data* involved in this project:**

(include students, and investigators of related projects who make use of the data etc. – This is important BRIL reporting purposes!)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Affiliation** | **Status** (e.g. Senior Investigator, PostDoc, Grad Student, Student) | **Role in project** (e.g. MRI operator, data user, etc.) | **Email address**  |
|  |  |  |  |  |
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# Ethics approval

[ ]  Project does not require ethics approval (e.g. due to scanning of samples only)

[ ]  Project requires ethics but does not have approval at this stage

[ ]  Application requires assistance from MRI/BRIL staff

[ ]  Application does not require assistance, will be submitted later or decision pending

[ ]  Project runs under the following ethics approval

|  |  |
| --- | --- |
| Project Title  |  |
| Named Investigators |  |
| Ethics Number |  |
| Ethics approval start date |  |
| Ethics approval expiry date |  |

# Project funding and billing

[ ]  Project is not funded or will not be invoiced at this stage

[ ]  Expression of Interest, only (No scanning planned at this stage)

[ ]  Preliminary data acquisition for grant application (please submit grant prior to scan)

[ ]  Initial testing for experiment or protocol set-up (as previously discussed)

[ ]  Other, please state:

[ ]  Deduct scanning fees from internal UNSW account

|  |  |
| --- | --- |
| Accounting Fund |  |
| Organization |  |
| Accounting Project |  |

[ ]  Invoice to Principle Investigator address as stated above

[ ]  Invoice to existing customer account with UNSW/NIF

|  |  |
| --- | --- |
| Account Information |  |
| Customer Reference (if available) |  |

[ ]  Invoice to following billing address

|  |  |
| --- | --- |
| Name and title |  |
| Position |  |
| Affiliation |  |
| Address |  |
| Phone  |  |
| Email address |  |