

Project Number (Do not write in this space): _____



FACE PAGE FACILITIES USE APPLICATION

Center for Advanced Imaging
Department of Radiology

Principal Investigator: _____

Project Title: _____

Department: _____ P.O. Box: _____ Phone: _____

Facility Requested (Check One):

1.5T MRI

3T MRI

PET

ERP/TMS

If this is a PET project, what radiopharmaceuticals are needed? _____

Proposed start date: _____ Proposed end date: _____

Number of subjects included in study _____ Total amount of facility time requested (hrs)? _____

Are all the members of your team who will enter the research facility HIPAA certified? Yes No

Does the project involve human subjects? Yes No

If yes, provide the IRB Number: _____ (Attach copy of approved protocol and consent form)

If yes, will the subjects be hospitalized? Yes No

Does the project involve animals? Yes No

If yes, provide the ACUC Number: _____ (Attach copy of approved protocol)

Does the project involve the use of hazardous materials? Yes No

If yes, provide the names of the materials. _____

Is the project funded? Yes No

If yes, what is the funding source? _____

If no, is this a pilot project for subsequent submission of a grant application? Yes No

Is a technologist's assistance necessary to operate the equipment? Yes No

If no, list the name of person who will operate the equipment? _____

List all personnel who will be involved in the acquisition of data and when they have attended the appropriate safety training:

Name	WVU Training Date	Name	WVU Training Date

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On following pages please provide the requested information in the space allotted:

I. **Hypothesis:** What question is being asked? Briefly state the goal(s) of the project.

II. **Background:** Briefly state the relevance and importance of the project. In addition, briefly review the work others have performed in this area (supply relevant references and three keywords).

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Background Continued

III. Preliminary Data (optional):

Preliminary Data Continued

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- IV. **Methods:** Describe the experimental protocol in detail. Please provide specific descriptions of where the resulting data will be stored and how the data will be analyzed. Who will perform the data analysis?

Methods Continued

- V. **Investigators:** Describe the experience of the principal investigator and other key members of the project in acquiring and analyzing the data.