

# Application form CMIV MR Projects ver.9

**Title with ACRONYM (to simplify the booking system)**

**Description**

**Project leader with affiliation and title**

**E-mail**

**List of project staff with affiliation**

*List all participating in the project and people having access to CMIV and, if applicable, also to the modalities.*

**Name of medical responsible person in the project with clinical department and title**

*If there is going to be people in the scanner (healthy volunteers or patients) there always has to be a medical responsible doctor for each project, who is obligated to handle side effects. The clinical routine within RÖ applies if an emergency occurs.*

**Name of technical responsible person in the project with affiliation and title**

*Someone responsible for the collecting and handling of data.*

**Project start and end****Use of CMIV resources. Specify number of exams (slides for the pathology scanner)**

CT: #

1.5T Philips: #

3.0T Philips: #

3.0T Siemens: #

Pathology scanner: #

Research PACS

Other: #

**Estimated number of hours for development** (*Result may not be used for publications and special rules apply*).

**Is there an ethical approval? (Please, fill in the Dnr.)**

Yes

Dnr:

No

**If no, please state why.**

**I will have CMIV as affiliation at all publication where CMIV infrastructure is used.** (*This applies to any type of publication where CMIV's infrastructure has been used, e.g. news on the LiU web.*)

**Invoice address including project number and reference number at either LiU or Region Östergötland**

**I am aware of that CMIV will send invoices monthly.**

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**After approval of the Scientific Council, please print, date and sign. Send the form to Maria Kvist, CMIV**

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## Appendix for MR projects only

Do you need the exams to be conducted during a special day or time of the day?

Yes

No

If yes, please specify.

Do you need radiology nurses present during the exams?

Yes

No

Will researchers from the project be present during the exams/scans?

Yes

No

If yes, please state name and role.

Please, describe the type of exam (e.g. whole body)

Information regarding Protocol/Exam Card/Method (where do we find it and what is it called?)

Are specific coils to be used?

Yes

No

If yes, which?

Total scan time in minutes per patient

Total time for each patient including preparation, scan time and post-exam handling

Will you use contrast agents?

Yes

No

Where will you store the images?

Clinical PACS

Research PACS

Are there any specific information that the MR nurses need to know in advance about the patients involved in the project?

Referrals

handled by a doctor connected to the project

handled by the CMIV booking, which has been cleared in advance

N/A

Invitation letters are sent by

the CMIV booking personnel

the project group

N/A

The booking of patients is handled by

the CMIV booking personnel

the project group

N/A

Do you need a radiology report on the exams?

Yes, by TMC (Barcelona)

No