

Application form CMIV Administrative Projects 2017 ver.1

Title with ACRONYM (to simplify the booking system)

Is this project part of an existing CMIV Main Research Area?

Yes

No

Description

Project leader with affiliation and title

E-mail

List of staff with affiliation

Name of medical responsible person in the project with affiliation and title

If there is going to be people in the scanner (healthy volunteers or patients) there always has to be a medical responsible person for each project, to handle eventual side effects. Someone to call during the exam, if necessary.

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: #

Other: #

Need of technical support/Clinical scientist

Yes

No

If yes, state the approximate number of hours needed (including analysis and export of data)

Is there an ethical approval? (Please attach a copy)

Yes

No

If no, please state why.

I will have CMIV as affiliation at all publication related to this project

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

I am aware of that CMIV will send invoices monthly.

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