

Research Imaging Request for Scan Time Approval Cover Page

Check List

Submitting an Application

- Review Instructions
- Determine the type of application that you will be submitting (Funded Application, Funds Pending Application, Pilot Study, or Technical Development).
- Please attach a copy of the IRB or ACUC protocol to this application, even if your project doesn't already have IRB or ACUC approval.
- Forward the completed Request for Scan Time Packet (including all required attachments) via email to Sandra White at sawwhite@wakehealth.edu. Please use Adobe Reader to complete this form.

After obtaining a letter of support from the Center for Biomolecular Imaging

- Submit an IRB application if human subjects will be scanned.
- Upon receiving IRB approval forward a copy of the approved IRB to Sandra White
- Submit an ACUC application if animals will be scanned
- Upon receiving ACUC approval forward a copy of the approved IRB to Sandra White
- For Funds Pending Applications, please send a copy of the grant proposal that you submitted to the funding agency to Sandra White when it is completed (electronic copies are preferred).
- For Funds Pending Applications, please send an email to Sandra White once you know the status of your proposal (funded or unfunded). This will help CBI keep track of the future demand for research imaging needs.

Instructions

The purpose of this application is to request time on one of the Imaging modalities. There are four different types of applications:

Funded Applications are for projects that already have funding to pay for scan time. The purpose of Funded Applications is to inform CBI how the research scanner is being used and requests will be made for a funded project in the near future. Since most funded projects have already undergone a peer review process most funded projects will be approved unless the research scanner is already operating at capacity.

Funds Pending Applications are for projects that are being submitted to external or internal funding agencies. The purpose of submitting a Funds Pending Application is twofold. First, the CBI has time to review the application to determine that the research scanner is capable of conducting the suggested research. This capability could be both in terms of capacity or functionality. If there are problems identified by the CBI for the proposed research, the CBI will make suggestions as to how best to accommodate your research goals. The second reason for submitting a Funds Pending application to the CBI is to obtain a letter of support for your grant proposal. This letter of support can be attached to your grant proposal showing that an official body that oversees the use of the research scanner has reviewed your proposal and has determined that our facilities are capable of doing what has been proposed.

Pilot Study/Technical Development Applications are for obtaining pilot data for future grant proposals to external funding agencies. Once a pilot study is approved, the PI will be granted a maximum of 10 hours to obtain pilot data for their grant proposal; depending on which modality is used, the rate will either be waived or discounted for those 10 scans. A substantial amount of information is requested in order for these applications to be approved. Once a pilot study gathers enough data for grant proposal to an external funding agency, a Funds Pending Application should be submitted to CBI.

Center for Biomolecular Imaging



Research Imaging Request for Research Scan Time Application

Project Information (to be completed by PI Applicant)		Date Submitted:
Principal Investigator:		Department:
PI Phone:	Pager:	Email:
Project Coordinator / Manager:		Department:
Coordinator / Manager Phone:	Pager:	Email:
Project Title:		
Estimated Start Date:	Estimated End Date:	Estimated No. of Participants:
Project Type (see Instructions for definitions): <input type="checkbox"/> Funded <input type="checkbox"/> Funds Pending <input type="checkbox"/> Pilot Study <input type="checkbox"/> Technical Development		Subjects (check all that apply) <input type="checkbox"/> Human <input type="checkbox"/> IRB Approved Date Approved _____ <input type="checkbox"/> IRB Approval Pending <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Volunteer <input type="checkbox"/> Animal Species _____ <input type="checkbox"/> ACUC Approved Date Approved _____ <input type="checkbox"/> ACUC Approval Pending <input type="checkbox"/> Specimen
Scan Time Requested: A. Sessions per subject _____		
B. Number of subjects _____		
C. Scan time per subject (hrs) _____		
Total scan time (A x B x C) _____		
Scanner being requested: <input type="checkbox"/> Siemens 3T MRI <input type="checkbox"/> GE 1.5T MRI <input type="checkbox"/> GE 3T MRI (Comp Cancer Center) <input type="checkbox"/> Bruker 7T MRI (small animal imaging) <input type="checkbox"/> Siemens 1.5T MRI <input type="checkbox"/> GE 16-slice CT <input type="checkbox"/> GE 64-slice CT <input type="checkbox"/> Toshiba 32-slice CT (large animal scanning only) <input type="checkbox"/> Siemens microCT (small animal imaging) <input type="checkbox"/> PET/CT <input type="checkbox"/> PET/CT (Comp Cancer Center) <input type="checkbox"/> microPET (small animal imaging) <input type="checkbox"/> x-ray <input type="checkbox"/> ultrasound <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Other _____		
For MRI scanning check all that apply: <input type="checkbox"/> Neuro <input type="checkbox"/> fMRI <input type="checkbox"/> Spectroscopy <input type="checkbox"/> Cardiac <input type="checkbox"/> Other <input type="checkbox"/> Contrast <input type="checkbox"/> Bill for contrast <input type="checkbox"/> Study providing contrast		
For CT scanning check all that apply: <input type="checkbox"/> 4D <input type="checkbox"/> Other <input type="checkbox"/> Contrast <input type="checkbox"/> Bill for contrast <input type="checkbox"/> Study providing contrast		
For PET/CT scanning check all that apply: <input type="checkbox"/> F-18 FDG <input type="checkbox"/> Other Agent <input type="checkbox"/> Contrast <input type="checkbox"/> Bill for contrast <input type="checkbox"/> Study providing contrast <input type="checkbox"/> Study providing radiopharmaceutical		



To be completed by The Center for Biomolecular Imaging Technologist and Director:

Date of Review by Technologist:	Technologist Name:
Recommendation of Technologist:	
Approval/Denial by Center Director	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Kerry M. Link, M.D., Director, Center for Biomolecular Imaging	_____ Date

Specific Project Type Information

This section asks for information specific to the Project Type (Funded, Funds Pending, Pilot Study, or Technical Development). Please complete the appropriate section for your project. All other sections may be ignored.

Funded Project

Please submit a copy of the study Plan as submitted to the Funding Agency

Funding Source: _____

Start Date: _____

End Date: _____

WFSM CHARTFIELD: _____

Or HOSPITAL GROUP GRANT ACCOUNT NUMBER

Account number must be listed otherwise application will not be accepted.

Business Administrator: Contact: _____ Email: _____

Funds Pending Project

Please submit a copy of the research plan either as submitted for a submitted grant application or a draft of the research plan for a proposal that is being submitted. Once the proposal is submitted to the funding agency please send a copy to the CBI.

Submitted To Be Submitted

Date Submitted or Date to be Submitted _____

Funding Source: _____

Projected Start Date: _____

Projected End Date: _____

Pilot Study

Pilot studies are intended to lead to extramural funding. Please fill out the information to the funding agency that you are planning to apply to. When you are ready to submit a grant proposal for extramural funding a Funds Pending Application should be submitted to the CBI.

Funding Source(s): _____

Expected Date of Submission: _____

Imaging Protocol

Below, please provide information on the type of images that you would like. Have you heard of someone at Wake Forest University who has used a similar protocol? **If you have a reference or references describing what you would like to do, please submit copy of the references with this application.** The more details that you provide the easier it will be for the Center to determine if the research scanners are capable of performing the studies that you are interested in. **If you know the specific protocol that you are using, please attach your protocol to this application.** The protocol should contain sufficient detail to allow someone to reproduce your methods.

Specimens and Risks

Does the Research involve Specimens? Yes No

Please, attach documentations for obtaining the specimens. If bringing in specimens from an outside lab, a letter from infection control is also required

Are there any risks of contamination? Yes No

Please, attach a list of the potential risks and the steps to avoid them.

Archiving Method

If you require a copy of your data, please supply CBI with back-up media:

- CD
 DVD
 MOD
 Other _____

Send Images to TeraRecon

**PI must supply back up media. If long term storage is required,
PI will need to contact Josh Tan (6-4205) or jtan@wakehealth.edu**

Co-investigators involved with this research

Name	Department	Phone	Beeper	Email	Contact (Yes/No)

Indicate in the contact box if this person will be available to call before, during, or after the scan session if any questions or problems arise during the scan session.

General Project Information – to be completed for Pilot Studies only

Brief Description of Research (200 words or less):