

**UNIVERSITY OF MIAMI DEPARTMENT OF PSYCHOLOGY
MRI SCAN TIME REQUEST**

Principal Investigator: _____

Email Address: _____

Phone number: _____

Title of the study: _____

Name of study for scanner _____

Note: Study ID should be 4 letters of the investigator's PSY login name (First Initial, First 3 letters of Last Name), a five-character study code, and the subject's participant number (up to 8 digits) separated by underscores.

For example, John Smith wants to start experiment 1, so he has elected JSMI_EXP1_ID.

Funding source: Federal non-Federal Pilot

Grant Number: _____ **Account Number (for Billing):** _____

Population:

Adults University Students Adolescents (13-17 years) Children (under 13 years)

Healthy Population Patient Population, Specify: _____

Study Details:

Expected start date: ___/___/___

Total hours of scan time requested: _____

Duration of study (in months): _____ Hours/per month: _____

Duration of each scan session: _____ hrs

Any special requirements (e.g., evening hours, high volume periods, access to phlebotomy):

Scans: Anatomical Functional DTI Resting state Other (please specify): _____

Equipment use:

Mock-scanner

Center-provided Desktop

Back projection Goggle presentation

Headphones (Audio)

Response device: (specify) 4-button straight 4-button diamond 5-button box Trackball

Psychophysiology (specify): ECG GSR RESP PPG EMG BP Stim

Eye tracker

Video camera

Group-specific equipment used _____ **Must be reviewed by the safety committee.

Please attach:

- Scan Request Form
- Short 3-4 page project description
- IRB documents: IRB approval letter, IRB-approved protocol and IRB-approved consent/assent forms
- List of personnel and contact information (emails and phone numbers) for all involved in obtaining MRI data. See below template.
- Sequence parameters and tech instructions
- For non-UM investigators, letter of approval to use the Facility-Use Agreement account.

Instructions for submission:

Please submit these materials in a single zip file labeled with the PI name_project name (e.g., JSMI_EXP1).

Inside the zip file, label the documents according to the convention:

- 1_ScanRequestForm
- 2_ProjectDescription
- 3a_IRB_ApprovalLetter
- 3b_IRB_Protocol
- 3c_IRB_AdultConsent
- 3d_IRB_ParentConsent
- 3e_IRB_ChildAssent
- 4_Personnel
- 5_SequenceParameter

Template for Personnel:	Role	Email	Office	Cell	Safety Training Completed	Project Involvement
Individual John Doe	Principal Investigator	jdoe@miami.edu	305-284-1234	617-284-1234	Y	EXP1, ADHD
Sally Jones	Post-doctoral Fellow	sjones@miami.edu	305-284-5678	301-284-5678	Y	EXP1
James Smith	Graduate Student	j.smith@miami.edu	305-284-9012	865-284-9012	N	EXP1
David Bell	Research assistant	dbell@miami.edu	305-284-3456	312-284-3456	N	ADHD