

**U.C. Davis Imaging Research Center
4701 X Street
Sacramento, CA 95817
New Protocol Initiation**



Date: _____

P.I. Name: _____ Department: _____

Departmental Contact: _____

Project Title: _____

Requested Start Date: _____

DaFIS Account Number: _____

Estimated number of scans in 12 months for this study: _____

Estimated number of hours per scan: _____

Estimated duration of study (i.e. 5 yrs): _____

Which scanner will you be using: GE 1.5 3T IRC Skyra

Please attach copies of the following for review:

- 1) Approved UC Davis IRB consent form or Animal Use Protocol.
- 2) Research protocol including specific pulse sequence parameters for technical review. Please, contact Dr. Costin Tanase, IRC's Technical Director (916-703-5097, ctanase@ucdavis.edu) for review of the technical details for submission of your final protocol.

Please allow two weeks for review.

UC Davis Imaging Research Center Approvals:

Abhijit Chaudhari, Ph.D., Interim Director

Date

Michele Ono, M.S., CAO

Date

Costin Tanase, Ph.D., Technical Director

Date

James Wallis, MRI Safety Officer

Date

Approval required prior to scheduling of scanning sessions at the IRC.

Note: This section must be completed by the **Principal Investigator.**



Please read carefully. Check **one** of the following that applies:

I will be operating the MRI scanner for this research study. Complete Section # 1.

I will not be operating the MRI scanner for this research study. Complete Section # 2.

Check **one** of the following that applies:

I will be scanning Non-Human Primates (NHP). Complete Section # 3.

I will not be scanning Non-Human Primates (NHP).

Section # 1 (Note this applies to the PI not RA, Post Doc, Lab Manager, etc.)

If you will be operating the MRI scanner for this study you must be current with your MRI safety certification. Please check one of the following:

I am currently certified and my MRI safety certification expires on _____
Date

I am not currently MRI safety certified. Please email James Wallis to schedule MRI Safety certification at jmwallis@ucdavis.edu.

Section # 2 (Note this applies to the PI not RA, Post Doc, Lab Manager, etc.)

I will not be operating the MRI scanner but I will be the PI monitoring this study. My MRI Safety certification expires on _____
Date

If you have **not completed MRI safety certification** below is the link. Follow the instructions to complete the online MRI safety training. To get the user name and password email James Wallis at jmwallis@ucdavis.edu. This must be completed for PIF approval.

Link: <https://health.ucdavis.edu/irc/content/start/safety.html>

Section # 3 (Note this section is only for labs scanning NHP.)

If you will be scanning NHP complete the following:

My lab members will be scanning for this study.

I will need the IRC technical support to scan this study.

Please indicated who will be conducting the clean-up after completion of your study (the IRC will not conduct the clean-up only the MRI scanning, must be completed for approval)

Name of lab/person providing clean-up

E-mail address