**MRI Research Proposal Application**

**Version 3, 25th March 2019**

*\*Add further rows if more RT members need to be included for discussion of the project*

|  |  |  |
| --- | --- | --- |
| **Structure of the Project** | | |
| Short Name (Acronym): | |  |
| Title: |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principle Investigator (PI) & Research Team (RT\*)** | | | | | | | | | |
| PI Title: |  | | PI Forename: |  | | | PI Surname: | |  |
| PI contact number(s): | | |  | | | | | | |
| PI email address: | | |  | | | | | | |
| RT Title: |  | | RT Forename: |  | | | RT Surname: | |  |
| RT role: | | |  | | | | | | |
| RT contact number(s): | | |  | | | | | | |
| RT email address: | | |  | | | | | | |
|  | | | | | | | | | |
| Nature of request to the NMR Research Unit (delete as appropriate): | | | | | **Service / Collaboration** | | | | |
| **Collaborative requests**: Members of the NMR Research Unit will be actively involved in the project and publication of results. If Collaborative has been selected, please provide the names of collaborators (see section below).  **Service requests**: The NMR Research Unit will undertake scans only. | | | | | | | | | |
| Please provide details of NMR Research Unit (RU) collaborators / staff who will work on this project. This must normally include at least one physicist and one clinician from the NMR Research Unit. | | | | | | | | | |
| Role | | Name | | | | Contact No | | Email | |
| *NMR Physicist* | |  | | | |  | |  | |
| *NMR Clinician* | |  | | | |  | |  | |
|  | |  | | | |  | |  | |

*\*Add further rows if needed*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Outline** | | | | | | | | | |
| Please provide a clear summary of the main hypothesis or aim of the project (300 words max) | | | | | | | | | |
|  | | | | | | | | | |
| **Imaging protocol** (describe sequences required) | | | | | | | | | |
| Will this project use MRI sequences already available on the NMR Unit scanner or will new scans need to be developed or implemented? If unsure please check with Marios (m.yiannakas@ucl.ac.uk)  **Please delete as appropriate: Available / Required** | | | | | | | | | |
|  | | | | | | | | | |
| Image transfer: | * Yes * No | | | If Yes, organization or research group:  (please specify) | |  | | | |
| Analysis Required: | * Yes * No | | | If Yes, please specify support needed : | |  | | | |
|  | | | | | | | | | |
| **Study Design** | | | | | | | | | |
| Number of subjects: | |  | Number of Time points/ Scans per subject: | |  | | Number of scans slots per week: | |  |
| Time points (TP)  (please be detailed -add rows if needed): | | Months (M) or Days (D) | Sequences required (indicate coil change if needed) | | Scanning time | | Total time for visit (including change of coils, breaks, set ups… etc…) | | NHS treatment or Research (delete as appropriate per TP) |
| Development | |  |  | |  | |  | | NHS treatment or Research |
| Dummy run | |  |  | |  | |  | | NHS treatment or Research |
| TP0 | |  |  | |  | |  | | NHS treatment or Research |
| TP1 | |  |  | |  | |  | | NHS treatment or Research |
| TP2 | |  |  | |  | |  | | NHS treatment or Research |
| TP3 | |  |  | |  | |  | | NHS treatment or Research |
| TP4 | |  |  | |  | |  | | NHS treatment or Research |
| Expected Start Date: | |  | | Additional information (e.g.use of contrast agent) | | | |  | |
| Expected End Date: | |  | |
| Preferred day/time: | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Finance & governance** | | | | | | | | | | |
| Funding in place: | * Yes * No | | Funding Type: | | | | | * Charity * Res Council * NHS * Commercial | | |
| References: REC | |  | | R&D | |  | IRAS: | | |  |
| REC approval received: | |  | | | Or aiming for (mm/yy): | | | |  | |

\*Copy of approvals to be submitted to Research Manager before project starts [uclh.qsmsc@nhs.net](mailto:uclh.qsmsc@nhs.net)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Approved by NMR Unit Management Committee:** | | | | | | **Project Acronym:** | | |
| **Date of Meeting:** | |  | | **Signed:** | |  | | |
| **MRI budget:** |  | | **Support budget:** | |  | | **IT budget:** |  |