

BWH Research Imaging Core (BRIC) Intake Form-MAGNUS

Date			
Title of Project			
Project Nickname (to be given by BRIC)			
Name of Principal Investigator		User ID:	
Means of Contact for Significant Findings	Email:	Pager:	
Co-Investigators		User ID:	
		User ID:	
		User ID:	
		User ID:	
Other Authorized Researchers		User ID:	
		User ID:	
		User ID:	
Associated BWH Radiologist			
Dept. Admin/Finance Mgr to be copied on invoices	Name:	Email:	

IRB Protocol Number	
IRB Expiration Date	
Grant Number	
Funding Source	

Imaging Modality (CT, MRI, etc)	
Body Part to be Imaged	
Resource Requested*	
Imaging Protocol	
Any Special Imaging Requirements / Sequences	
Anticipated Amount of Imaging Time (in Minutes)	
Preferred Day/Time for Exam Slot	
Additional Acquisition Services Needed (Technologist, fMRI Expert, etc)	
Specify Any Special Format(s) required for Storing Images	

Resource: 221 Longwood 3T GE MAGNUS MRI Scanner

Specify Any Storage Destinations
Beyond PACS Required for Images

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Study Start Date

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Study End Date

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Number of Subjects

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Total Number of Scans

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