**The University of North Carolina, Chapel Hill** BRIC-3TIF #\_     \_\_\_\_\_

**BRIC 3T MR and MR/PET Imaging Facility (BRIC-3TIF)**

**Project Registration Form**

Please complete the form and email to bric3t@unc.edu (or campus mail to BRIC 3T, CB 7513)

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| --- |
| **REGISTRATION INFORMATION:** |
| **Date:**       [ ]  New application; [ ]  Renewal (previous 3TIF project #:       ) |
| **Project Title:**       |
| **PI** | Name:        | Organization/Dept.:        |
| E-mail:       | Phone:       Fax:       |
| Address:       |
| **Research Personnel** | Name/Title:       | E-mail:       | Phone:       |
| Name/Title:       | E-mail:       | Phone:       |
| Name/Title:       | E-mail:       | Phone:       |
|  |
| **FUNDING INFORMATION:** |
| UNC Acct#:        | Billing address (if UNC acc# not available):       |
| Grant Number (if known):       | Grant Agency:       |
| Department contact name for billing:       E-mail:       |
| **PROJECT DESCRIPTION:** |
| **Imaging Modality**: [ ]  3T MRI [ ]  3T MR/PET  |
| **Imaging Subjects:** [ ]  Human, age range:\_\_\_\_\_\_\_\_\_ [ ]  Animal [ ]  Specimen, specify:\_\_\_\_\_\_\_\_\_\_  [ ]  Phantom [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_ |
| **Contrast Agents:** [ ]  No. [ ]  Yes.  If yes, [ ]  Radioactive [ ]  Non-radioactive  Name of the contrast agents:        |
| **Animals:** Species: [ ] Mice [ ] Rats [ ] Others:       Number of animals proposed for imaging:       Longitudinal study: [ ]  No. [ ]  Yes. If yes, How frequent       Animal Housing Facility before imaging:       Animal Housing Facility after imaging (only for survival studies):       |
| **Biohazard agents involved? [ ]** No [ ]  Yes. Please send a copy of EHS approved Laboratory Safety Plan Biohazard Registration Form before beginning your studies.  |
| **Specific aims and brief description of the project :** (especially the expectations on imaging results, less than <250 words)      |
| **Proposed starting date for imaging:**       |
| **IRB/IACUC INFORMATION:** |
| Institutional review board approval is required before the start of any human or animal imaging.**Protocol number:**       **Expiration Date:** **PI listed:**       |
| **Any other notes/details/references that will help us review the project or set up a protocol:**       |

**\_\_\_     \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_     \_**

**PI Name (Print) Signature Date**

(If the form is sent directly from PI’s email, the signature can be waived.)