**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](mailto:bric3t@unc.edu) (or campus mail to BRIC 3T, CB 7513)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.)