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| New Study Request Form |

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| Contact Information: | |
| Principal Investigator: | Email: |
| Faculty / Department: | Campus Extension: |

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| Please also indicate the following: |
| Project Name (2-3 brief words): |
| Please select magnet being requested: 3T  7T  9.4T  15.2T |
| UWO HSREB or ACC Approval Number: |
| Please list all researchers to be involved with this proposed study, as well as all previous MRI experience they have: |
| Please indicate nature of study: Peer Reviewed  Industry Sponsored  Single-Site  Multi-Centre |
| If this study has been peer reviewed by a funding agency, please indicate agency name: |
| Was it funded? YES  NO  (Please include any relevant reviews in the event the grant was not funded in order to help with study design) |
| UWO Speed Code (for invoicing purposes): |
| Date: |

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| *Using no more than the space on this page (~300 words), please describe your imaging project, including total number of proposed subjects/animals, anticipated annual hours, hardware considerations (RF coil, peripheral devices), MRI outcomes and scientific approach. Relevant publications or preferred imaging protocols (temporal and spatial resolutions, anatomical area of interest, etc.) may be of help when configuring the setup.* |

Once the New Study Request Form has been reviewed you will be notified by CFMM personnel on how to proceed. It may be advised to organize a meeting with the CFMM Managing Director along with MRI or Veterinary Technologist(s) to further discuss details and configure the appropriate experimental protocol.

*Note* that Methods sections in publications, abstracts and presentations must include a statement that scanning was performed at **Western University Centre for Functional and Metabolic Mapping**.

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| Internal Use Only  Reviewed by: | Date: |