

# Lucas Center User Contract

All necessary information must be provided & required training completed prior to scheduling any scan time

User Profile (Office Use Only): \_\_\_\_\_

Please forward completed forms to A. Sawyer-Glover (Fax 3-5795 or Mail Code 5488, Rm P273)

System:  1.5T Whole Body Magnet     3T Whole Body Magnet     4.7T Animal Magnet     Fluoro

Principal Investigator: \_\_\_\_\_ Dept: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Research study title : \_\_\_\_\_

Account number: \_\_\_\_\_ P.I. for account: \_\_\_\_\_

Financial / Admin. Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Human Subjects:** Title \_\_\_\_\_ IRB exp. date \_\_\_\_\_

Consent Form: Title \_\_\_\_\_ P.I. \_\_\_\_\_ Exp. date \_\_\_\_\_

Cross referenced to: Title \_\_\_\_\_ P.I. \_\_\_\_\_ Exp. date \_\_\_\_\_

**Animals:** APLAC Protocol #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Species \_\_\_\_\_  
(Administrative Panel on Laboratory Animal Care)

Proposal to Radiology Research Committee: Approval Date \_\_\_\_\_ Total # subjects \_\_\_\_\_ Total # hours \_\_\_\_\_

Total # subjects: \_\_\_\_\_ Total # hours: \_\_\_\_\_ Maximum per week: Subjects \_\_\_\_\_ Hours \_\_\_\_\_

Time period of research study: Start date \_\_\_\_\_ End date \_\_\_\_\_

Time to schedule for each subject:  1 hour     2 hours     Other: \_\_\_\_\_

Age of human subjects:  18 - 65 yrs     over 65 yrs     10 - 18 yrs (*addressed in consent form*)

Contraindications for participation in research study (*In addition to MR safety contraindications*): \_\_\_\_\_

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## Human research studies - Researchers & Personnel (include E-Mail & phone) to conduct & assist:

Name	E-Mail address ( <i>required</i> ) Phone number	Completed Lucas Safety & Procedure Review	Responsible for 1.5T MR System Operation	Responsible for 3.0T MR System Operation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Animal research studies - Researchers & Personnel (include E-Mail & phone) to conduct & assist:

Name	E-Mail address ( <i>required</i> ) Phone number	Completed Stanford Animal Handling Training	Date Completed Stanford Animal Handling Training	Completed D. Howard Animal Training
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Scan protocol development (MR imaging parameters):  Yes  No If yes, by: \_\_\_\_\_

Contrast media:  Yes (*must be addressed in consent form*)  No If yes, amount: \_\_\_\_\_

If yes, purchase from Lucas Center?  Yes  No

Archival:  Networking to DICOM Receiver Software or SFTP/SSH2  
 CD-rom or  DVD+R  
 G.E. Optical Disk  Purchase G.E. OD from Lucas Center  Bringing own G.E. OD

Post-processing of acquired data:  No  Yes If yes, by: \_\_\_\_\_

Radiology Decrad report:  Automatic "research study"  No If no, dictated by: \_\_\_\_\_  
Radiologist Name

*Fully ambulatory human subjects only*  
*All researchers & personnel completed Lucas Safety Review*  
*Use Lucas Screening Form only & adhere to Lucas safety policies*  
*No sedation to be utilized at Lucas Center including conscious sedation*  
*M.D. required to be present at Lucas Center for any medication administration including contrast media*  
*Animal Protocols: All researchers & personnel completed animal handling training at Stanford & with D. Howard*

\_\_\_\_\_  
 Signature (Principal Investigator)

\_\_\_\_\_  
 Date