

TUMRIC Study Requirement Form

System: 1.5T Whole Body Magnet 3T Whole Body Magnet

Principal Investigator:

Dept:

Phone:

FAX:

E-Mail:

Research study title:

Please describe if any specific type of pulse sequence is required:

P.I. Dept Financial / Admin.

Contact:

Name:

Phone:

Email:

Total number of subjects:

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

Require Post-processing of acquired data: No Yes

Require a Radiologist/Physicist Co-Investigator: No Yes

Require Temple Radiology Clinical Oversight: No Yes

(Clinical Oversight is required for studies with human subjects. This can be accomplished by Temple radiologists or alternative radiology reading services)

For questions or assistance in filling this out or for technical assistance, please contact:

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