

# BWH Research Imaging Core (BRIC) Intake Form

<b>Date</b>			
<b>Title of Project</b>			
<b>Project Nickname (to be given by BRIC)</b>			
<b>Name of Principal Investigator</b>		<b>User ID:</b>	
<b>Means of Contact for Significant Findings</b>	<b>Email:</b>	<b>Pager:</b>	
<b>Co-Investigators</b>		<b>User ID:</b>	
		<b>User ID:</b>	
		<b>User ID:</b>	
		<b>User ID:</b>	
<b>Other Authorized Researchers</b>		<b>User ID:</b>	
		<b>User ID:</b>	
		<b>User ID:</b>	
		<b>User ID:</b>	
<b>Associated BWH Radiologist</b>			
<b>Dept. Admin/Finance Mgr to be copied on invoices</b>	<b>Name:</b>	<b>Email:</b>	
<b>IRB Protocol Number</b>			
<b>IRB Expiration Date</b>			
<b>Partners PeopleSoft Account Number</b>			
<b>Funding Source</b>			
<b>Imaging Modality (CT, MRI, etc)</b>			
<b>Body Part to be Imaged</b>			
<b>Resource Requested*</b>			
<b>Imaging Protocol</b>			
<b>Any Special Imaging Requirements / Sequences</b>			
<b>Anticipated Amount of Imaging Time (in Minutes)</b>			
<b>Preferred Day/Time for Exam Slot</b>			
<b>Additional Acquisition Services Needed (Technologist, fMRI Expert, etc)</b>			
<b>Specify Any Special Format(s) required for Storing Images</b>			

\*Current Resources: 221 Longwood Siemens Skyra 3T MRI, 221 Longwood GE 3T MRI, Lee Bell Breast Imaging Center 3T MRI, L1 Bay 2 Siemens Verio 3T MRI, L1 Bay 3 GE 750W 3T MRI, Shapiro Siemens Trio 3T MRI, AMB FLUORO X-RAY, Shapiro CT Siemens, Shapiro CT Toshiba 320, Shapiro PET 1, Shapiro PET 2

Specify Any Storage Destinations  
Beyond PACS Required for Images

--

Study Start Date

--

Study End Date

--

Number of Subjects

--

Total Number of Scans

--

\*Current Resources: 221 Longwood Siemens Skyra 3T MRI, 221 Longwood GE 3T MRI, Lee Bell Breast Imaging Center 3T MRI, L1 Bay 2 Siemens Verio 3T MRI, L1 Bay 3 GE 750W 3T MRI, Shapiro Siemens Trio 3T MRI, AMB FLUORO X-RAY, Shapiro CT Siemens, Shapiro CT Toshiba 320, Shapiro PET 1, Shapiro PET 2