

BWH Acquired Images

BWH Research Imaging Core (BRIC) Intake Form

Date _____

Title of Project – _____

Name of Principal Investigator - _____

PI's Partners login (for access to research PACS to view Radiologist's findings) _____

Names of Co-Investigators (include Partners login for those who need access to research PACS) -

Names of Other Authorized Researchers - _____

Name of BWH Radiologist Associated with the Project - _____

Best Means of Contact for PI in Case of Significant Findings - _____

Email Address - _____

Pager # - _____

IRB Protocol Number - _____ IRB End Date - _____

Partners PeopleSoft Account Number - _____ Source of Funding _____

Imaging Modality (MRI/CT/etc.) - _____

Resource(s) Requested (e.g. Specific Magnet) - _____

Body Part to be Imaged - _____

Imaging Protocol - _____

Any Special Imaging Requirements/Sequences - _____

Anticipated Length of Time of Imaging - _____

Preferred Day and Time of Exam Slot - _____

Additional Acquisition Services Needed (Technologist/fMRI Expert) - _____

Specify Any Special Format(s) Required for Storing Images - _____

Specify Any Storage Destinations Beyond PACS Required for Images - _____

Start Date of Study - _____ End Date of Study - _____

Number of Subjects – _____ Total Number of Scans - _____

Dept Admin or Dept Finance Mgr to be copied on invoices (name and email) - _____

-----*To Be Completed by BRIC Manager*-----

Nickname for Project _____