

BWH Research Imaging Core (BRIC) Device Intake Form

Date			
Title of Project			
Project Nickname (to be given by BRIC)			
Name/Email of Principal Investigator		User ID:	
Co-Investigators		User ID:	
		User ID:	
		User ID:	
		User ID:	
Other Authorized Researchers		User ID:	
		User ID:	
		User ID:	
		User ID:	
		User ID:	
Dept. Admin/Finance Mgr. to be copied on invoices	Name:		Email:

Grant Number	
Funding Source	

Imaging Modality (CT, MRI, etc)	
Scanner Requested	
*** Device Description	
Device FDA approval, YES or NO	
Device MGB Safety Committee Approval, YES or NO	
Preferred Day/Time for Exam Slot	
Additional Acquisition Services Needed (Technologist or Physicist)	
Specify Any Special Format(s) required for Storing Images	

*Current Resources: 221 Longwood GE MAGNUS 3T MRI, 221 Longwood Siemens Skyra 3T MRI, 221 Longwood GE Premier 3T MRI, BTM Siemens Terra.X 7T MRI, BTM Siemens Prisma 3T MRI, L1 Bay 3 GE Architect 3T MRI, Shapiro Siemens Prisma-fit 3T MRI, Shapiro CT1 Siemens Force, Shapiro CT2 Siemens Alpha, BTM CT1 Siemens Somatom Definition Edge, L2 AMIGO Suite

Specify Any Storage Destinations Beyond PACS Required for Images	
Study Start Date	
Study End Date	
Total Number of Scans	

*** All external devices will need to be approved by MRI safety committee and labeled as MRI Safe or MRI Conditional before entering MRI Zones 3 and 4. Please complete "MRI New Equipment Installation Request Form" and submit to Clinical MRI Physicist

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