



ANIMAL PROJECT APPLICATION FORM
3T Magnetic Resonance Research Laboratory

Revised April 2021

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
DEPARTMENT OF RADIOLOGY

April 5, 2021

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TO: All users of DISC Resources

FROM: Swati Rane PhD
Director MR Research Lab

SUBJECT: Approved Cost Center Rates for the 3T MR Research Magnet in AA-048

The 2020 rates for the MRI Research Center are as follows:

MR use time is billed as total room time when the imaging unit cannot be accessed for use by other studies. Room time is pro-rated in 15-minute intervals.

Hourly MR charges:	Human -	\$664 per hour
	Animal-	\$664 per hour
XNAT data storage fee		\$26 per Subject
Consultation service		\$225 per hour
Contrast		\$105 per unit (20cc vial)
Physician charge for contrast oversight		\$65 per session
Retrospective retrieval of exam		\$110 per exam

Charges for MR scan time and supplies will be assessed on a monthly basis to appropriate budgets. Supply charges may change without notice since these are based on actual costs to the MR Research Center.

The above charges do not include costs related to consultation time with MR scientists and physicians, study interpretation, study monitoring, specialized RF coil development, device construction for a special type of experiment, or new pulse sequence development. Funding for this support should be discussed with the lab director and/or with the individual scientist or physician providing support.



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CHECKLIST FOR INVESTIGATORS SUBMITTING A PAF

- Completed Project Application Form (PAF)
- Accurate budget information or estimated hours for pilot study
- Project description
- Approved Animal Medicine Committee application with approval # (if applicable)
- Copy of IACUC approved application with current stamped approval date and number
- Protocol to be used in the study
- PI signature
- Appropriate Safety Training

**PLEASE RETURN COMPLETED FORM TO
ADMINISTRATIVE COORDINATOR, DISC, BOX 357115
OR EMAIL TO discsupp@uw.edu**

DISC 3T Contact Information:

Director of MR Research Laboratory:

Swati Rane PhD
MR Physics
srleven@uw.edu
206-543-6159

MR Technical Support:
Tim Wilbur
twilbur@uw.edu
206-685-3138

MR analysis support
Cole Anderson
colea222@uw.edu
206-685-1604

Administration
Liza Young
liza14@uw.edu
206-685-0457

IT Support
Tina Guan
qguan@uw.edu
206-685-5456

DISC Website

<https://depts.washington.edu/mrlab>

Online Scheduling:

https://depts.washington.edu/mrlab/3T_mod/week.php

Scheduling Policies:

<https://depts.washington.edu/mrlab/research/researcher/scheduling.shtml>

Questions? CONTACT MR LAB SUPPORT GROUP BY EMAIL discsupp@uw.edu



ANIMAL PROJECT APPLICATION FORM

A. GENERAL INFORMATION

Project Title _____

Principal Investigator _____

Address/UW Box # _____

Department or Affiliation _____

Email _____ Telephone# _____

Are you a CHDD research affiliate? Yes No

If yes, does the project conform to the Mission of the CHDD Yes No

Are you a UW-FHCRC Cancer Consortium Member? Yes No

Anticipated Start Date _____

Projected End Date _____

Type of Animal Study Requested: BSL-1 BSL-2 Non-UW

Animal Type: Primate Rodent Other _____

B. CONTACT INFORMATION – PRIMARY OR OTHER CONTACT

Name	Role	Department	Phone	E-Mail	Check if primary contact



C. STUDY FUNDING

Source of Funding _____

Title of Award _____

Duration of Award (please including end date) _____

Total Award Amount _____

UW Budget Number to be billed _____

Or, if scans are to be invoiced

PO# _____

Name _____ Title _____

Mailing Address _____

City, State Zip _____

Email Address _____ Telephone _____

NOTE: The MR Research Lab supports a limited number of pilot hours on a competitive basis. Proposed Pilot projects must be discussed with lab director and approved by the Laboratory Review Committee.

XNAT Data base Archive and retrieval Yes _____ NO _____

D. STUDY INFORMATION

Brief statement of project description. Please include (1) Objectives (2) Research plan (3) Expected results

**OR on separate pages attach a brief description of the project (not to exceed 5 pages).
OR include a copy of grant abstract (e.g., Page 2 of NIH form).**



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STUDY PROTOCOL

Indicate who will be responsible for animal imaging for study

DISC core personnel

DISC Certified scan operator associated with study Specify Name and date of certification

1. List the following for animals to be imaged

Number	Species

2. Duration and number of scanning sessions requested

Duration for each imaging session

Total number of imaging sessions per animal

Schedule of imaging sessions if serial study

3. Indicate whether the animals to be imaged have been exposed to any of the following

NO	YES
<input type="checkbox"/>	<input type="checkbox"/> Infectious and hazardous agents (If yes, describe agents & usage precautions below)
<input type="checkbox"/>	<input type="checkbox"/> Human cells or blood (If yes, describe usage precautions below)
<input type="checkbox"/>	<input type="checkbox"/> Viral vectors (If yes, describe vectors & usage precautions below)
<input type="checkbox"/>	<input type="checkbox"/> Radioisotopes

If "yes" to any of question number #3 above, please describe the agents or viral vectors that will be used and the precautions that will be taken to prevent personnel exposure: (Per the DISC SOP you must also include a copy of any IACUC appendix to the assigned BSL)



4. Use of Contrast Agents
<input type="checkbox"/> No contrast agents will be used <input type="checkbox"/> Contrast agents will be used in this study. If yes, please answer the following: Provide the following information for each contrast agent: Route & frequency of administration Volume per injection & total volume per imaging session
5. Describe any procedures or treatments that will be given or performed on the animal(s) prior to or during imaging (e.g. Tail vein injections, perfusion, oral administration, etc.)
6. Describe the agents used for anesthesia (name of the agent, administration, dosage, monitoring method)



<p>7. Indicate any additional instrumental equipment will be used:</p> <p>Will the investigators bring any equipment into the MRI facility? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please list equipment and include model # and manufacturer and indicate Vendor certification</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>NOTE: Prior written approval for any equipment brought into the MRI lab is necessary for the safety of personnel and equipment. This approval is in addition to overall study approval.</i></p>

<p>8. DISC policy on rodent handling</p> <p><input type="checkbox"/> I have read and agree to adhere to the Standard Operational Procedures (SOP) using animals in DISC.</p> <p><input type="checkbox"/> I have read and agree to adhere to the DISC Policy on rodent handling in DISC with the following exceptions. (list exceptions and provide scientific justification for requested change)</p>
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<p>9. Applicants - UW and Non-UW</p> <p>For Non UW applicants, please indicate the name of the Non-UW institute from which the animals originate: _____</p> <p><input type="checkbox"/> A copy of the IACUC approved animal protocol including any appendix from the non-UW institution</p> <p><input type="checkbox"/> A copy of a complete protocol animal application for approval by the UW IACUC is attached.</p> <p><input type="checkbox"/> A copy of a Research Project Hazard Assessment (RPHA) form approved by UW EH&S is attached.</p> <p><input type="checkbox"/> A copy of a Research Project Hazard Assessment (RPHA) application for approval by UW EH&S is</p>

Restrictions apply to the usage of radioactive materials. The licensee is responsible for clean up and removal of all radioactive materials after each experiment. No facilities at the MR Lab are available for storage of radioactive or biohazardous materials.



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Any modification to the existing protocol that changes the Risks and/or Procedures must be formally submitted for approval as an addendum to this application (e.g., replacing equipment, new drugs, new coils, etc.)

I have read and agree to follow the Policies and Procedures outlined in the MR Lab Standard Operation Procedures, available on-line at <http://depts.washington.edu/mrlab/>

Principal Investigator _____
Signature

Date _____

**Return completed forms and attachments to
Administrative Coordinator, DISC, Box 357115
Or email discsupp@uw.edu**

FOR OFFICE USE ONLY

Approved _____ **Date** _____
Director,
For the MR Director Review Committee