

**UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
DEPARTMENT OF RADIOLOGY**

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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 rates below for the MRI Research Center are as follows (04-01-2021 to 03-31-2022)
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. Minimum scan time is 30 minutes.

Hourly MR charges with UW budget#	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

Disclaimer:

- Charges for MR scan time and supplies will be assessed on a monthly basis to appropriate budgets.
- Please contact DISC for invoice rate and outside rates
- Supply charges may change without notice since these are based on actual costs to the MR Research Center.
- Charges do not include nights and weekends or after hours. Regular hours = 8 am - 5pm
- 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.

CHECKLIST FOR INVESTIGATORS SUBMITTING A PAF

- ☐ Completed Project Application Form (PAF)
- ☐ Accurate budget information or estimated hours for pilot study
- ☐ Project description
- ☐ Approved IRB with approval #
- ☐ Copy of approved stamped consent form
- ☐ Protocol to be used in the study
- ☐ PI signature
- ☐ Appropriate Safety Training

PLEASE EMAIL COMPLETED FORM TO

discsupp@uw.edu

RESOURCES FOR STUDY PERSONNEL

DISC 3T Contact Information:

Director of MR Research Laboratory:

Swati Rane Levendovszky PhD

MR Physics

srleven@uw.edu

206-685-3538

MR Technical Support:

Tim Wilbur

twilbur@uw.edu

206-543-6159

MR Analysis Support

Cole Anderson

colea222@uw.edu

206-685-1604

Administration

Liza Young

liza14@uw.edu

206-685-0457

IT Support

Tina Guan

gguan@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>

Safety Training: https://depts.washington.edu/mrlab/SafetyTraining_Basics/00_certification.shtml

Questions? CONTACT MR LAB SUPPORT GROUP BY E-MAIL discsupp@uw.edu

HUMAN AND IN VITRO 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**IRB Approval Number** _____ Provide copy of stamped/approved IRB form**Link Destruction Date:** _____

(Date listed in IRB approval for destruction of subject I.D. link to identifier information if applicable)

Anticipated Start Date: _____**Projected End Date:** _____Human Study ☐ In Vitro ☐**Total No. of Subjects to be scanned** _____**Duration for each imaging session** _____**Total number of imaging sessions per subject** _____**Request XNAT for service for subject scanner data archive and retrieval** Yes No**B. CONTACT INFORMATION – PRIMARY OR OTHER**

Name	Role	Department	Phone	E-Mail	Check if primary contact

C. STUDY FUNDING

Source of Funding: _____

Title of Award: _____

Duration of Award (Please include 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 study hours on a competitive basis. Proposed Pilot projects must be discussed with lab director prior to submission of request. Final approval will follow evaluation by the Laboratory Review Committee.

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).

E-J. MR PROCEDURES

E. Please check:

☐ Anatomical (T1/T2/T2*) ☐ fMRI ☐ MRS ☐ MRA ☐ DTI ☐ Perfusion MR ☐ Other
(Attach imaging and/or spectroscopy protocol to be used, if available.)

Will this study use an existing scanning protocol? ☐ Yes ☐ No

If No, please describe _____

For questions below, if yes, please discuss with Lab Director or Lab Manager.

Yes No

F. ☐ ☐

MRI Contrast agents such as gadolinium will be used
WA State licensed MD must cover injections

G. ☐ ☐

Radiotracers will be used**

H. ☐ ☐

Hazardous chemicals, inhalation anesthetic or infectious agents will be used
Procedures to prevent contamination of MRI personnel must be provided and followed.

I. ☐ ☐

Investigators will bring equipment into the MRI facility.
(Note: In addition to overall study approval, prior written approval for any equipment brought into the MRI Lab is necessary for safety of personnel and equipment.)

J. ☐ ☐

Informal radiologist review will be required
(If yes, provide name of reviewer _____)

****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.**

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 _____

Email completed forms and attachments to discsupp@uw.edu

FOR OFFICE USE ONLY

Approved _____ Date _____

Director, For the Review Committee

Questions? CONTACT MR LAB SUPPORT GROUP BY E-MAIL discsupp@uw.edu