

**F.M. Kirby Research Center, Preclinical Imaging Facility  
Resource Utilization Form**

**1. Protocol Title:** \_\_\_\_\_

**2. Submission Date:** \_\_\_\_\_

**3. Principal Investigator:** \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Info: Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**4. Study Type: fMRI    Anatomy    Spectroscopy    Diffusion    MPI    IVIS**

**Other** \_\_\_\_\_

[Check as many as appropriate. If other, specify.]

**5. Will you need assistance to help you design your experiments?**

**Y    N**    If not, please list expert for your study

**Expert:** \_\_\_\_\_

**6. Will you need assistance in conducting the scans? Y    N**

If not, list certified system operator(s) or indicate operator who needs to be certified

**Operator:** \_\_\_\_\_

**Approved for scanning? Y    N**

**7. Will users need assistance in animal handling and preparation? Y    N**

Notice, users will need to perform their own surgery, but assistance for holding and preparing scanner holder will be available if needed.

**CERTIFIED ANIMAL HANDLER ON PROTOCOL:** \_\_\_\_\_

**8. Will users need assistance with image analysis? Y    N**

If yes, please notice that a fee for service analysis is available for DTI and MRS analysis.

**9. Subjects: Rat    Mouse    Phantom    Other** \_\_\_\_\_

**IACUC Protocol number:** \_\_\_\_\_ **Approval date:** \_\_\_\_\_

Attach active approval letter. This needs to be renewed every 3 years.

**10. How is the animal anesthetized? Inhalation    I.P.    I.V.**

[Provide name of anesthetic and dosage] \_\_\_\_\_

**11. Where are the animals housed (building and room number)?**

\_\_\_\_\_  
**To which housing facility will the animals return after scanning (if applicable)**

\_\_\_\_\_

**12. Will other Kirby Center equipment or supplies be required? Y N**

Please notice that a fee may be charged for the use of tubing, drugs, contrast agent.  
An honor system is used in which users will list supplies taken.

**Equipment:** \_\_\_\_\_

**Supplies:** \_\_\_\_\_

**13. Biosafety level?**

**None**      **BSL-1**      **BSL-2**  
[If BSL-2, attach your Biosafety registration]

**14. Hazardous material? Y N** [If yes, please specify]

Name of material \_\_\_\_\_ JHU IBC # \_\_\_\_\_

Explanation \_\_\_\_\_

**15. Infectious material? Y N** [If yes, please specify]

Name of material \_\_\_\_\_ JHU IBC # \_\_\_\_\_

Explanation \_\_\_\_\_

**16. Radioactive material? Y N** [If yes, please specify]

Name of material \_\_\_\_\_ JHU IBC # \_\_\_\_\_

Explanation \_\_\_\_\_

**17. Scanner time requested for**

**Estimated Hours:** \_\_\_\_\_

**18. Scan funding**

Funding Source: \_\_\_\_\_

Budget Number: \_\_\_\_\_

Administrative Contact: \_\_\_\_\_

[If unfunded, limited support may be provided by the center; attach a letter requesting such support.]

**19. Investigators:**

[Each collaborator that will enter the facility will have to go through the safety manual and must initial to indicate approval of this form, the abstract of proposed research, and agreement with responsibility for use of the facility.]

**Name** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of P.I.** \_\_\_\_\_ **Date** \_\_\_\_\_

(Note: Sign after completing Abstract below)

## ABSTRACT

**Protocol Title:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

Please use this page to summarize Aims/Hypotheses and Background/Significance. Please provide enough information on scientific logic to allow evaluation of scientific merit. **Not more than 2 pages. Use ARIAL 11.**