Accommodation Inquiry form

Only acquired once after the protocol is set up. Please email it to MR techs.

MRI Service Center

Accommodation Inquiry

Welcome to the MRI Service Center! To help us better accommodate your new study, please check all that apply.

Pleas	e select a Scanner:		
	3.0T Siemens Prisma		
	3.0T Phillips XMR		
	1.5T Siemens Espree		
	My study will require a Radiologist report.		
	My study will require an anesthesia machine		
	My study will require the assistance of an MRI technologist		
	☐ My study includes contrast injection		
	I will need a copy of the images after each appoint	ment	
	☐ I prefer a CD		
	$\ \square$ I will provide a USB or hard drive for ever	y appointment	
	My study is a functional brain scan that requires us	e of a projector.	
Mv st	udy is expected to start in about mm/dd/yyyy:		
My protocol name that was assigned at the scanner:			
	_	This is the protocol name that our	
		center assigned for your study, whice shows on the scanner.	
	Phone #		
Resea	rch Coordinator		
	Phone #	14	

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My study is expected to start in about mm/dd/yyyy:			
My protocol name that was assigned by MR physisist:			
Principle Investigator:			
	Phone #		
Research Coordinator			
	Phone #		