**MRI Use Form**

**Magnetic Resonance Imaging (MRI) use:**  If an MRI will be used in this project, address the following:

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| --- | --- | --- | --- | --- |
| Select the location of the MRI Procedure:  | College of Veterinary Medicine (CVM) |  |  MRI Research Center\* |  |

**\*If the MRI Center is the chosen location, attach the *MRI Research Center Animal Scan Procedure Approval Letter*.**

1. What is the location of where the animals will be housed before and after the MRI scan?

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1. Describe methods of transportation to and from the MRI Research Center?

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1. Will the animals be held at the MRI Research Center over 12 hours? If so, describe procedures for animal care below:

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1. Please describe the anesthetic protocol to be used for the MRI scan (include all drugs, doses, routes of administration and monitoring methods).

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1. What is considered to be the end point of anesthesia recovery? (i.e. animals are sufficiently awake so that constant monitoring is not required, also include location where animals will be recovered)

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1. Who will provide appropriate emergency drugs and equipment in recovery area?

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1. Will 1.5, 3T or 7T be used?

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| --- | --- |
|  | 1.5 |
|  | 3T |
|  | 7T |

1. What part of the animal will be scanned?

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1. How will the animals be positioned in the MRI scanner? (i.e. dorsal recumbency, lateral recumbency, etc.)

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1. List the MRI sequences to be used?

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1. What is the total length of the time estimated for the scan (from placement into the scanner until removal of the patient from the scanner)?

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1. List the personnel (and general qualifications as well as specific training for the MRI scanner that will be used) that will operate the MRI Scanner.

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| **Operator Name\*** | **General Qualifications** | **Specific Training on Chosen MRI Scanner:** |
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|  |  |  |
|  |  |  |

 **\*The Operator cannot also serve as the Monitor.**

1. List the personnel (and general qualifications as well as specific qualifications/training for monitoring the species that will be scanned) that will monitor the patient during the scan.

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| --- | --- | --- |
| **Monitor Name\*** | **General Qualifications** | **Specific Training on Chosen MRI Scanner:** |
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|  |  |  |

 **\*The Monitor cannot also serve as the Operator.**