

**MR Management Committee (MRMC) Requirements**  
for submission or resubmission of an

**Application for Initial Review**

of a protocol to be carried out in the Bloorview Research Institute MRI Unit

Please complete this form for your submission

A pdf of this application is to be provided to the Senior MRI Technologist, Mr. Kevin Chung (kchung@hollandbloorview.ca)

1. **Official title of project:**
  
2. **Principal investigator:**  
Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
E-mail: \_\_\_\_\_
  
3. **Co-investigators:** \_\_\_\_\_
  
4. **Source of funding:** \_\_\_\_\_  
Name of agency/organization: \_\_\_\_\_
  
5. **Scanning information:**
  - a. Type of scans (e.g. T1W, DTI, fMRI): \_\_\_\_\_
  - b. Total scan duration (in 30-min units) per participant: \_\_\_\_\_
  - c. Preferred time for appointments (e.g. daytime, evening): \_\_\_\_\_
  - d. Number of participants per year: \_\_\_\_\_
  - e. Number of scans required (per participant): \_\_\_\_\_
  - f. Length of study: \_\_\_\_\_
  
6. **Additional project team members wishing to enter MR facility (maximum of three):**  
Name: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Approved as an MR Authorized Person (see MR Safety Guidelines):     YES     NO  
  
Is access to the MRI scanner room required by a member of your team?     YES     NO  
  
If YES, have these individuals undergone MRI Safety Training?                 YES     NO
  
7. **Charge Code:**  
 Non-Commercial Funding –  
Holland Bloorview Cost Centre: \_\_\_\_\_ Funding Agency: \_\_\_\_\_  
 Industrial Funding –  
Holland Bloorview Cost Centre: \_\_\_\_\_ Company Sponsor: \_\_\_\_\_

8. **REB Approved:**  Yes (Please attach confirmation letter (REB Terms and Agreement)).
9. **Summary of background and objectives of the study, with emphasis on MR aspects (one page maximum).**
10. **Details of MRI sequences that will be used in this project (one page maximum)**  
 \*Please see MRI website for MRI sequences available on our scanner.

Example:

Table 1. MR Imaging Protocol			
MR modality	Protocol specifics	Time (min)	Structural measure
3D T <sub>1</sub> weighted ME-MPRAGE, multi-echo (with navigator)	(0.8x0.8x0.8) mm <sup>3</sup> , TR=2500ms, TE=1.8/3.6/5.4/7.2ms, TI=1000ms, Flip Angle=8°, sagittal FOV=256x240mm <sup>2</sup> , 166 Slices, GRAPPA=2	8:00	Volumes, thickness, folding, shape, tissue density
Multi-Shell DWI	(1.5x1.5x1.5)mm <sup>3</sup> , TR=3222ms, TE=89ms, Flip Angle=78°m FOV=210x210mm <sup>2</sup> , 92 Slices, 92 Diffusion Encoding Directions w/ b=1500 & 3000s/mm <sup>2</sup> , 12 b=0s/mm <sup>2</sup> , MultiBand=4	11:00	Fractional anisotropy, mean, radial & axial diffusivities, track delineation (global & regional), neurite density and orientation dispersion (NODDI)
Abdominal Fat T <sub>1</sub> -weighted FSE	(1.6x1.6x10)mm <sup>3</sup> , TR=250ms, TE=10ms, Flip Angle=90°, FOV=400x300mm <sup>2</sup> , 12 Slices	1:00	Subcutaneous and visceral fat content

11. **Signature of Principal Investigator(s)**

\_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)