

Johns Hopkins Alzheimer's Disease Research Center (JHADRC)

BIOMARKER CORE – MRI REQUESTFORM

Investigator submitting request:

Date: ____/____/____

Name: _____

Telephone: _____

Email: _____

Specific aims and hypotheses of research:

Short background to the relevant science:

MRI data and/or images requested (please be as specific as possible (e.g. MRI sequence type, diagnostic categories of subjects, number of scans, processed data):

Proposed analyses:

Who will do the analyses?

What is the target completion date for the project?

Contact for Transfer of Images/Data:

Name: _____

Email: _____ Phone: _____

IRB Approval

IRB # _____ Approval Date _____ Institution _____

Grant Supporting Research (required for NIA Progress Reports)

PI of Grant: _____

Grant Title: _____

Grant #: _____

Grant Sponsor: _____

Grant Start & End Dates: _____

Total Annual Direct Costs: _____

Names and contact information of other collaborators:

How will results be disseminated?

Meeting presentation: _____

Journal submission: _____

Other: _____

>The ADRC Executive Committee will review this request at the earliest opportunity<