**SPMIC Study Details Submission Form**

# Please fill out **all** sections on the form that are applicable and give reasons for any blanks, e.g. N/A or ‘in progress’. Submit via email to [spmic\_scanning@nottingham.ac.uk](mailto:spmic_scanning@nottingham.ac.uk).

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| Section A: **Please complete for all projects.** | | | | | | | |
| **Title** |  | | | | | | |
| **Category**  Select **one** or more. Class teaching should be booked directly with Facility Manager. | Science | | | |  | | |
| Commercial Study | | | |
| PhD. Teaching ( Also fill in Section B ) | | | |  | | |
| MSc. Teaching | | | |
| **Short name** (8 char max) |  | | | | | | |
| **Brief Description** (max180 characters) |  | | | | | | |
| **PI Name** |  | | | | | | |
| **Responsible School** |  | | | | | | |
| **Main Contact** |  | | | | | | |
| **Other people involved**  *Name, involvement & responsibility.*  *e.g. Dr XXXX, paradigm design & writing paper*  *Indicate MRI or MEG competent people and MR assistants* |  | | | | | | |
| **Names and usernames of those able to book on Calpendo** |  | | | | | | |
| **Set up / testing free hours required :** | **Facility** | **Number of hours** | |  | |  | |
| **1.5T** |  | |  | |
| **3T** |  | |  | |
| **7T** |  | |  | |
| **Upright** |  | |  | |
| **MEG** |  | |  | |
| **Study hours and funding** **for each facility required**  *For MEG also indicate MRI hours required for anatomical images.*  *Add 25% for commercial studies: includes transfer to PACS but not contrast agent or reporting beyond incidental findings.*  *We may offer a discount for grant applications that will fund more than 100 hrs or scanning per year, if such a reduction is likely to provide better chances of securing the grant.*  ***BRC*** *funded scanning attracts a 40% discount. This will be confirmed by SPMIC contacting the theme lead.*  *The SPMIC is keen to support new research tenure track fellows and substantive academic appointments to access our facilities. If other resources are limited, we will provide support to access our scanner (ideally as matched funding). Please contact the Facility Manager (Andrew Peters) in the first instance.* | **Facility** | **Expected price per hour**  **(excl. VAT)** | | **Number of hours** | | **Price per hour if less than fully funded (excl. VAT)** | |
| **1.5T** | **£400** | |  | |  | |
| **3T** | **£500** | |  | |  | |
| **7T** | **£700** | |  | |  | |
| **Upright** | **£400** | |  | |  | |
| **MEG** | **£500** | |  | |  | |
| **Intra-Operative** |  | |  | |  | |
| **Other** |  | |  | |  | |
| **Explain why your study is not fully funded and / or why you require free time** *Priority is given to fully funded projects. Development time will be scrutinized by ExCo. Highlight cross cutting factors e.g. sequence development or validation, development of cohorts.* |  | | | | | | |
| **Other facilities?** | **Clinical Room (QMC/UP)** | | | |  | | |
|  | **Chemistry Lab** | | | |  | | |
| **Research Kitchen** | | | |  | | |
| **Other** | | | |  | | |
| **Indicate which facilities you want to use; *ring your preferred choice(s) and cross through any you definitely cannot use***  **Justify your request if very specific** | |  |  |  |  | | --- | --- | --- | --- | | **0.5T paramed - upright** | **1.5T GE** | **3T GE Premier** | **7T Philips Achieva** | | **MEG** | **3T Philips Ingenia** | **Intra-operative**  **(NuH)** |  | | | | | | | |
| **Scanning Equipment required**  e.g RF coils / button response kit*/ EEG etc* |  | | | | | | |
| **Scanner Operator required?** |  | | | | | | |
| **Is VAT payable?** Not normally for UoN accounts, but is normally the case if we will be sending an invoice to an external organisation for payment unless we can show collaboration e.g. a joint grant. This must be established before scanning starts and a purchase order in place. |  | | | | | | |
| **Total Income for SPMIC scanning** *(Also give % of fully funded cost if less than 100%)* |  | | | | | | |
| **Funding Source**  *Give date of grant submitted and exact funding requested.* ***If this is BRC funding, please state the BRC theme****.* |  | | | | | | |
| **Account Code**  **Activity Code**  **Cost Centre** |  | | | | | | |
| **Contact Name(s)/email for invoicing and financial queries** |  | | | | | | |
| **Split of funding across financial years**  *E.g. project from Jun20-Aug21. £14k might split Jun20 -Jul20 = £2k Aug20 –Jul21 £12k.* | Aug22-Jul23 : Aug23-Jul24 :  Aug24-Jul25: | | | | | | |
| **Details of funding constraints**  *e.g. deadlines within the financial year that money should be spent* |  | | | | | | |
| **Start date of scanning** |  | | | | | | |
| **End date of scanning:** *cannot exceed 3 years. May be renewed but cost cannot be guaranteed.* |  | | | | | | |
| **Volunteer/Booking details :** *eg 20 volunteers scanned twice – 30 mins per scan =*  *10 hours* |  | | | | | | |
| **Ethics Code**  *Please confirm that safety form and incidental findings information is from the SPMIC website information* |  | | | | | | |
| **Data sharing arrangement**  *What does ethics approval say?* |  | | | | | | |
| **Other approvals/agreements obtained** *e.g. R&D, contract with industrial partner etc.* |  | | | | | | |
| **Is your project covered by existing risk assessments for MRI?** If not, then additional risk assessments must be provided to the SPMIC before work starts? |  | | | | | | |
| **Does your project involve handling of biological materials ?** :e.g. blood samples, tissue samples |  | | | | | | |
| **Indicate any project-specific safety issues or increased likelihood of incidental findings that you foresee.**  *Additional risk assessments may be required before the project starts* |  | | | | | | |
| **Contrast Agents Required**  *The costs of these are not included in the scan fee. Please ask about the supply of these.*  **Project Details** *can be attached separately*  *e.g. sequences to be developed, full details of fMRI paradigms. MEG analysis approaches anticipated. Include references.* | Agent | | Gadolinium | | DNP | | Xe Gas |
| Doses per scan | |  | |  | |  |
| Cost per scan | |  | |  | |  |
|  | |  | |  | |  |
| **Data analysis plans**  *Do you require analysis support? [This may incur costs]* |  | | | | | | |
| **Post Project Aims** *(PhD thesis, papers, further funding etc)* |  | | | | | | |
| **Relevant prior work particularly using SPMIC or predecessor facilities**  *e.g. Previous project 2012-2013 XXX on 3T,XX hours, funding 10k. Published in…* |  | | | | | | |
| **Select the user group most appropriate for this project:** | 1. Acquisition and data analysis (sequence development and areas not covered below) 2. Clinical and commercial trials (including multicentre trials) 3. Molecular Imaging (including cancer imaging) 4. Neuroimaging (clinical neurology and basic neuroscience)    * For MEG we recommend contacting Matt Brookes before applying 5. MSK Imaging 6. Abdominal Imaging   7. Lung Imaging | | | | | | |
| **Study hours will be made available once agreed scanning protocol and any risk assessments and SOP’s have been sent to the centre Manager. A waiver must be signed if you are undertaking your own scanning.** | | | | | | | |
| **Describe your protocol here (aims, overview of methods, MRI details as far as you know them):** | | | | | | | |

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| **Section B: Complete for PhD projects claiming teaching time from your schools PhD allocation.** | |
| THIS FORM WILL BE SENT TO YOUR SCHOOL RESEARCH COMMITTEE FOR REVIEW AND IS NOT APPROVED BY THE SPMIC | |
| **Student Name** |  |
| **Division/Department** |  |
| **Supervisor 1** |  |
| **Supervisor2** |  |

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| --- | --- |
| **Degree**  *PhD/ MSc / MPhil* |  |
| **Program**  *E.g. Specify if part of a Doctoral Training Program (MRC, ONBI, Haydn-Green etc)* |  |
| **Project Topic**  *Approved projects must have \*in-vivo human imaging\* as a core component. Briefly explain how the criteria for free scan access are met.* |  |
| ***Split of school allocated scanning across financial years***  *In case project spans more than a year.*  *If not known in advance, please give your best estimate.* | Aug 22 – Jul 23:  Aug 23 – Jul 24:  Aug 24- Jul 25 |
| **Is the project already funded and does the funding source cover scanning fees?**  *Yes/No* |  |
| **If Yes, specify why these cannot be used to cover the requested scans** |  |
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**TERMS AND CONDITIONS OF APPLICATION**

**By Applying to use the facilities of the SPMIC you are also agreeing to the following conditions;**

1. Ensure that the scanning time applied for is sufficient to set up the study, get the participant in and out of the scanner, transfer any data and tidy up afterwards.
2. Honour any financial commitments made in the application;

* For University of Nottingham P.I’s a finance code must be provided before scanning commences
* All other studies – financial arrangements, including contracts, must be in place before scanning can commence.

1. All scanning costs are charged on a monthly basis in arrears – you will be notified before any charges are passed. The Head of faculty finance has confirmed that prepayment of charges is NOT permitted.
2. Where studies exceed the number of funded scans, the SPMIC cannot automatically offer additional scan for free or at discounted rates.
3. Notify us as soon as possible of any booked sessions that will not be used. A charge may still be made if less than 24 hours’ notice is given. Discretion to waive this rests with the SPMIC Centre Manager
4. Notify us as soon as possible of any sessions that failed because of problems with the equipment, staff or volunteers.
5. Ensure that all relevant operational paperwork and study documents are provided to the SPMIC before the scanning commences;

* all work must be supported by a suitable risk assessment. Generic risk assessments for MRI are available. Copies of additional risk assessments should be sent to the SPMIC Centre Manager
* Any relevant Standard Operating procedures (SOP’s) should be sent to the SPMIC Centre manager before scanning starts
* Ethics approval – a copy of your approval letter will need to be sent to the SPMIC prior to commencement of your scanning.

1. Ensure that all staff on your project are suitably trained for the work that they are doing. We can offer MR safety training for members of your team as and when required and requested

* PAPERWORK MUST BE SUBMITTED AND AGREED BEFORE ANY SCANNING TIME WILL BE ALLOWED

1. Ensure that you comply with the SPMIC procedures regarding Data Protection, Health and Safety and Incidental Findings
2. Report any problems with the facilities to the SPMIC Centre Manager
3. Notify the SPMIC when any data held in connection with your study should be deleted.
4. At various stages of your project you may be asked for brief updates and when the project is complete a final report and/or information regarding publications or outcomes from development time will be requested.