

Lucas User Contract

Please complete all sections that pertain to your research group and forward forms to Karla Epperson at karla@stanford.edu

Group ID _____ (office Use only)

Date _____ Magnet System (3T1, 3T2, 3T3, and or 7T) _____

Principal Investigator _____ Department _____

Street Address _____ City _____ State _____ Zip _____

Office Phone _____ Cell _____ Email _____

Research Study Title _____

IRB Protocol # _____ IRB Approval Expiration Date: _____

Financial # (PTA) _____ Financial Award Expiration Date _____

Name of P.I. for account if different from above _____

Name of Financial Admin Contact _____

Phone _____ Email _____

Total # of subjects _____ Total Hours _____ Maximum per week: Subjects _____ Hours _____

Age range (10-18, 18-65, over 65, etc.) _____

Time Period of Study _____ Start _____ End _____

Amount of time for each study _____ Amount of time for each subject _____

Contrast Media (yes or no) _____ If yes, type _____ Amount per human subject _____

Contrast to be purchased from Lucas (Yes or No) _____

Images to be transferred to PACS at Stanford (yes or no) _____ If yes who dictates the report? _____

List the researchers & Personnel that will be present at the Lucas Center Magnets to conduct & assist with the subjects and research studies:

Name	Lucas User ID	Email Address	Completed safety training (yes or no)