

[Insert Your Institution Letterhead]

Date: MM/DD/YYYY

To the CIRC Protocol Review Committee Members,

Introduction:

[Provide a concise overview of your request, specifying whether it pertains to a new protocol or a protocol amendment. Indicate whether the protocol has received IRB approval and highlight the research objectives. If applicable, clarify whether this is a pilot study or development work and its relevance to the imaging center.]

Study Details

- **Body Part(s) to be Scanned:** [e.g., Brain, Heart, etc.]
 - **Imaging Modality:** [Functional MRI (fMRI), Structural MRI, Spectroscopy, etc.]
 - **Contrast Agent:** [Yes/No], **If Yes:** type, name, volume, etc
 - **Additional Procedures:** [e.g., Will blood draws be performed in CIRC?]
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Volume Assessment

Total Participants	Scans/Person	Total Scans	Hours/Scan	Time Sensitivity
[Insert #]	[Insert #]	[Insert #]	[Insert #]	[Yes/No - Specify]

What resources are needed to complete the proposed research?

Body Part [e.g., Brain]

Resource	CIRC Provided	Investigator Provided
Specific Equipment (e.g., Head Coil)	X	X
Specific Equipment (e.g. exercise equipment)	X	X

Imaging Protocol.

Body Part [e.g., Brain]

Imaging category	Imaging Type	Scan Time	Sequence Details	Voxel Size
Structural, functional, etc	e.g. T1-weighted MPRAGE	e.g. 5 min	e.g. 3D, Sagittal	e.g. 1 mm isotropic

What experience does your group have with performing the proposed imaging and/or procedures?