

**PARS - Project Application Request System**Center for Magnetic Resonance Research (CMRR), Center for Clinical Imaging Research (CCIR)  
University of Minnesota, Minneapolis, MN 55455**1. Your Research Project**

## 1.1 Principal Investigator Name

First Last  
Patrick Bolan

## 1.2 UMN Department

Radiology

## 1.3 Project Title

Breast cancer screening with high field MRI

## 1.4 Is this a neuroscience project?

No

## 1.5 Application Date

04/19/13

## 1.6 Anticipated Project Start Date

06/12/13

## 1.7 Anticipated Duration

2 years

## 1.8 Executive Summary

We're gonna see if 3T works better than 1.5T.

**2. Your Research Team****Role/Name** **UMN Internet Id** **Operate Scanner**

## 2.1 Principal Investigator

Patrick Bolan bola0035 

## 2.2 Co-Investigators

First Name	Last Name	UMN Internet Id	
<u>Isabelle</u>	<u>Ittis</u>	<u>iltis001</u>	<input checked="" type="checkbox"/>
<u>Michael</u>	<u>Nelson</u>	<u>nelso323</u>	<input type="checkbox"/>

## 2.3 Your Research Staff

First Name	Last Name	UMN Internet Id	
<u>Diane</u>	<u>Hutter</u>	<u>hutte019</u>	<input type="checkbox"/>

## 2.4 Radiologists

First Name	Last Name	UMN Internet Id
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**3. Human Studies**

## 3.1 Does your project involve human subjects?

Yes

## 3.2 IRB protocol information. Please attach a 1-2 page PDF describing your protocol.

Agency	IRB Protocol Title	IRB Protocol Number	Status	Submitted	Approved	Expires
IRB	<u>Not yet approved</u>	_____	<u>draft</u>			

Protocol Description PDF 

## 3.3 Will the study require a contrast agent?

No

## 3.4 Are your human subject scans for clinical use (clinically billable)?

No

#### 4. Scientific Peer Review

This section is required for human subject studies of Department of Radiology PIs.

4.1 Have the human protocols for this study been scientifically peer reviewed (to meet IRB requirements)?

Yes

4.2 If so, who reviewed the study protocols?

NIH

#### 5. Animal Studies

5.1 Does your project involve animal subjects?

No

#### 6. Controlled Substances

6.1 Does your project require the use of our DEA license for controlled substances?

No

#### 7. Instruments

7.1 Does your project require the use of CMRR/CCIR scientific instruments (MR/PET/CT/SPECT)?

Yes

7.2 What scientific instruments will you use?

Instrument	Number of Sessions	Hours per Session	Total Hours Requested	Anticipated Start Date	Coils
<u>3T-A 90cm bore</u>	<u>10</u>	<u>1.00</u>	<u>10</u>	<u>06/17/13</u>	<u>third-party</u>

7.3 For instruments that require them, please specify the radioactive tracers you will use.

**Radioactive Tracers**

#### 8. Facilities / Equipment

8.1 Does your project require the use of CMRR/CCIR facilities (consenting rooms, surgeries, labs, equipment)?

Yes

8.2 Facilities

Facility	Number of Sessions	Hours per Session	Total Hours Requested	Anticipated Start Date
<u>Subject Consenting Rooms</u>	<u>10</u>	<u>1.00</u>	<u>10</u>	<u>04/18/13</u>

8.3 Equipment

Equipment	Number of Sessions	Hours per Session	Total Hours Requested	Anticipated Start Date
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#### 9. Research Support Staff

9.1 Does your project require the support of any CMRR/CCIR staff (operators, nursing, hardware, software)?

Yes

9.2 What research support staff will you need?

Staff	Total Hours Requested	Unknown/Need Estimate	Anticipated Start Date
<u>MR 3T-A 90cm bore operator</u>	<u>10</u>	<input type="checkbox"/>	<u>04/17/13</u>

#### 10. Research Funding

10.1 Are you requesting commitment pool funding for your project?

Yes

10.2 Project Funding

10.3 Who is the accounting contact for these funds?

\_\_\_\_\_ Internet Id (X500) \_\_\_\_\_

#### 11. Research Budget

## 11.1 Budget Summary

CMRR Resource / Facility / Support Staff	Hours Requested	Current Hourly Rate	Total	Commitment Pool Funding
Instruments				
3T-A 90cm bore	10.00	300.00	3000.00	_____
Facilities				
Subject Consenting Rooms	10.00	0.00		
Support Staff				
MR 3T-A 90cm bore operator	10.00	0.00		
Research Funding				
Commitment Pool Request				
Total resources to be used	30.00 hrs		\$ 3000.00	

## 11.2 Budget Notes

## 12. Attachments

12.1 Please attach additional PDF documents as needed. If you did not already attach a protocol description, please do so here.

Description	Attachment
13. Terms and Conditions	

## 13. Terms and Conditions

13.1 I agree to adhere to the CMRR and CCIR ("Center") Standard Operating Procedures (SOPs) including PHI data handling and storage policies.

I agree

13.2 Would you be willing to present your work at the Center's Monday noon seminar?

No

13.3 I agree to acknowledge the appropriate Center grants in any publications or presentation that results from substantive work performed at the Center.

I agree

13.4 The Center is required to report on supported projects to NIH granting agencies. To do this reporting, the Center will regularly ask me for updated information and recent publications. I agree to provide this information.

I agree

13.5 I agree to provide copies of IRB and IACUC protocols and approval letters for any human and animal studies I perform at the Center.

I agree

## Appendix

**Application 41 Status**

Application in Assign Reviewers status.

**Application Owner**

Application currently owned by Bolan, Patrick (bola0035).

**Reviewers****Final Approver**

Application has not passed final review.