

UNIVERSITY OF MINNESOTA

CMRR | FACILITY RESEARCH VISIT INFORMATION

Name: _____ **Date of Birth:** _____ / _____ / _____
First _____ Last _____

Address: _____
Street Address _____ Unit _____
City _____ State _____ Zip Code _____

E-mail: _____ **Phone #:** _____

Ethnicity: _____ **Race:** _____
_____ Hispanic American Indian or Alaskan Native _____ White
_____ Non-Hispanic Asian _____ Other / Unknown
_____ Unknown Black/ African American _____ More than one race
_____ Native Hawaiian/ Other Pacific Islands

Gender: Female _____ Male _____

Are you a “Non-Resident Alien”: Yes | No

If YES, indicate Country: _____ Visa Type: _____

Individuals who are in this country on F-2, H-2 or “V” visa cannot be compensated from Department of Radiology

Researcher Use Only

IRB #: _____ **Scan Date:** _____

Magnet Exposure Time

Time Spent at Magnet Isocenter (in minutes):

3T _____ 7T/AS _____ 7T/Terra _____ 10.5T _____ N/A _____

Gadolinium Administration for Research Purposes Only: Yes _____ No _____

Researcher Name: _____

Researcher Signature: _____ **Date:** _____

Department of Radiology Use Only

Compensation Rate:

_____ hours at \$ _____ /hr using EFS budget string #: _____