

# 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:

\_\_\_\_ Hispanic  
\_\_\_\_ Non-Hispanic  
\_\_\_\_ Unknown

### Race:

\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ Asian  
\_\_\_\_ Black/ African American  
\_\_\_\_ Native Hawaiian/ Other Pacific Islands  
\_\_\_\_ White  
\_\_\_\_ Other / Unknown  
\_\_\_\_ More than one race

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 #: \_\_\_\_\_