

UNIVERSITY OF MINNESOTA

CMRR | FACILITY RESEARCH VISIT INFORMATION

Name: _____
First _____ Last _____

Date of Birth: _____ / _____ / _____

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

E-mail: _____

Phone #: _____

Ethnicity: _____ **Race:** _____

<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Other / Unknown
<input type="checkbox"/> Unknown	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> More than one race
	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islands	

Sex: 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 #: _____