

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

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 #: _____