Research Services Request Form

Project Information:

Project Title: ______________________________________________________________

Project Principal Investigator/Co I:

____________________________________  /  ______________________

Department/Centre: __________________________________________________________

Name of University: _________________________________________________________

Tel. no.: __________________________    Fax no.: __________________________

Email: __________________________    Ethics Committee Approval: Yes☐ No☐

Funding Source (RGC/CRCG/ITF or specify): ______________________________________

Please attach (1) project summary (2) total no. of subjects and scan hours required (3) references if available

Person of contact / in charge:

Name: __________________________    Title: __________________________

Tel. no.: ________________________(office)     ________________________(mobile)

Fax no.: _________________________    Email: __________________________

Notes: 1. Charges are according to machine room time.

2. Please send the completed form with required information to the Unit in person or fax 2817-4013 or email at hkmri@hku.hk.

Submitted by Project Principal Investigator:

____________________________________

Print name: ______________________    Title: ______________________    Date:________________

Notes to PI: In recognition of the support given by the MRI Unit, the PI will indicate in all related publications that the activities were carried out utilizing 1.5T or 3T MRI system, in cooperation and with the support of the MRI Unit of Department of Diagnostic Radiology, The University of Hong Kong.

Revised on 4 Feb 2022