

# Advanced Imaging Research Center

**New Researcher - Registration**

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| Date of Registration: | |
| Registrant’s Name: | |
| If UTSW employed, provide UTSW Person Number: | |
| Email: | Phone: |
| Affiliated Institution:  UTSW  UTD  UTA  THR  Other  Center or Department name: | |
| Non-UTSW employees: Are you an international student or in the U.S. on a visa?  Yes  No | |
| Please check all that apply:  AIRC Employee  If so, please check one: Student  Staff  Faculty  Research with Human Subjects  If so, please provide:  AIRC Application Number(s):  IRB Number(s): STU  Name of the Principal Investigator(s):  Is the study currently in progress (scanning patients)?  Yes  No  If not, what is expected start date for scheduling and scanning participants? \_\_\_\_\_\_\_\_\_\_\_\_  Research with Animals  Research with Phantoms | |
| Are you requesting **badge** **access** for clinical research in the AIRC? (This requires proof of study participation on an approved IRB protocol.)  Yes  No  Which Locations: 3TA  3TB  3TC  7T  3T Multi-Use  Exam Room  Procedure Room  Other  (Check with your department administration for “other” badge access.) | |
| Are you requesting access to the AIRC **schedule & data server**?  Yes  No | |