

# 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 [ ]  NoWhich 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 |