

PET CENTER, EMORY UNIVERSITY SCHOOL OF MEDICINE

Research application template

Do not exceed 5 pages

Principal Investigator(s): _____

Signature of Principal Investigator(s): _____

Department _____ Campus phone number _____

*Signature of the Associate PET Director _____

(*The Associate PET Director must sign this form indicating he/she has reviewed this proposal prior to submitting the proposal to the Committee.)

Project Title: _____

Permission to use title for PET Center Literature: _____ (Signature)

Background and significance:

Hypothesis to be tested:

Main reason for doing this research project (i.e. pilot data for external grant, manuscript, clinical data needed, etc)

Methods:

number of patients

acquisition protocol (i.e., dose, radiopharmaceutical, scanner, dynamic, 3D, etc)

processing protocol

References

How will these studies be funded? (PET Center, Department funds, NIH grant, internal University grant, foundation, etc)

Correlative imaging protocol (MRI, CT, SPECT, U/S etc)

How will correlative studies be funded?

Plans for applying for external funding based on this data

CERTIFICATION/ASSURANCES

Submission approval will be pursued _____(initials)

Human Subjects

Check one of the following:

Approval pending_____

Approved_____Expires_____

[NO] ___ submission approval is
not necessary

Laboratory animals

Check one of the following:

Approval pending_____

Approved_____Expires_____

[NO] ___ submission approval is
not necessary

Radioactive Materials:

Check one of the following:

Human Use_____

Non-human use_____

Radiation Sources_____

Approval Numbers_____

[NO] ___ submission approval is
not necessary

Biohazards:

Check one of the following:

Recombinant DNA/RNA_____

Other_____

Approval Numbers_____

[NO] ___ submission approval is
not necessary