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.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 13 January 2016