## **Brighton & Sussex Medical School**

## **Clinical Imaging Sciences Centre**

Request for Scanning Services (Oct 2015 V12)

Please note: This form should be completed by applicant post pilot scanning but prior to submitting grant application.

Name of Applicant & Name of Budget holder (and email address / phone)	
Faculty / Department	
Research Project Title	
Source of Funding and Budget Code (for billing )	Specify (e.g Medical Research Council)
If Commercial, Name of Source and level of scanning funds applied or expected to be applied for	
Requested Start Date for Scanning	
Requested End Date for Scanning	
No of Pilot Scans / Hours to be recovered via grant application	
Modality of Scanning Required	MRI / fMRI / PET CT / CT
	(Please indicate if you are provisionally requesting costs for 3T MRI scanning)
Total number of scanning hours for project (Remember you are billed for the amount of time your participant is in the scanner room.)	
No of Hours Required by academic year (August – July) Please specify. Note: Scanning costs exclude any reporting	
2015 / 16	
2016 / 17	
2017 / 18	
2018 / 19	
2019 / 20	
2020 / 21	

Frequency of scanning	
How many Subjects being scanned will require Contrast Agent / media	
Type of Contrast Agent / Media required	

Signed: Date:

Name: Position:

## **Costing for CISC Use**

Type of Scans	No of Hours	Cost per hour	Contrast Media per scan £	Other Costs per scan £	Total Cost Per hour	Total Cost £
fMRI						
2015 / 16						
2016 / 17						
2017 / 18						
2018 / 19						
2019 / 20						
2020 / 21						
Total						
MRI						
2015 / 16						
2016 / 17						
2017 / 18						
2018 / 19						
2019 / 20						
2020 / 21						
Total						

Type of Scans	No of Hours	Cost per hour	Contrast Media per scan £	Other Costs per scan £	Total Cost Per hour	Total Cost £
PET CT						
2015 / 16						
2016 / 17						
2017 / 18						
2018 / 19						
2019 / 20						
2020 / 21						
Total						
СТ						
2015 / 16						
2016 / 17						
2017 / 18						
2018 / 19						
2019 / 20						
2020 / 21						
Total						

Costing Prepared by:	Approved by CISC Business Director
Signed:	Signed:
Date:	Date:

## **Date Notified to Research Applicant:**

(please cc to <u>C.A.Moss-Gibbons@sussex.ac.uk</u> – to ensure that correct costs are reflected in the research grant application and there is an auditable record on the project file)