

Request For Imaging Consultation Form

Name: _____
 (Last) (First) (Degree)

Are you a:

Postdoctoral Fellow Instructor Assistant Professor

Associate Professor Professor

Other: (Please specify) _____

Primary Affiliation

HMS HSPH HSDM FAS MGH BWH

BIDMC CH DFCI MEEI SRH McLean

Other: _____

Department: _____

Phone: _____

Email: _____

In 2-3 sentences, describe the nature of the research project for which you are seeking consultation:

In 2-3 sentences, describe the reason you are requesting consultation:

Which of the following areas does this consultation involve (Check all that apply)?

- Information about core facilities
- Identifying potential collaborators
- Advice about study design (e.g. applications, subject recruitment, etc.)
- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT)
- Positron Emission Tomography (PET)
- 3D imaging
- Image analysis
- Image quantification
- Pediatric imaging
- Tumor metrics
- Cancer imaging
- Neuroimaging
- Pre-clinical imaging
- Human subjects/IRB issues
- Clinical trials
- Career development issues

Note: To initiate a consultation, we ask that you agree to complete a brief evaluation form at the completion of the consultation. Please check indicating your agreement to this: ___

Thank you! Please return this form to our triage individual (available via email at image_consult@catalyst.harvard.edu) and a member of the Consultation Service will contact you shortly.