*Applicants Name*

*Applicant’s Title*

*Applicant’s Address*

*Date*

Katie Dinelle

Manager, PET/MR Brain Imaging Centre

1145 Carling Avenue

Ottawa, Ontario

K1Z 7K4

Dear Members of the Utilization Committee,

I am writing to request the use of the PET/MR scanner at The Royal’s Brain Imaging Centre for a project entitled: “project title here”. Details of this project are provided below.

Study Personnel:

PI Name and Affiliation:

Collaborator Name(s) and Affiliation(s):

Study Objectives: *Brief - No more than 4-5 sentences long.*

Imaging Methodology

*In this section please include the following information:*

* 1. *One paragraph describing the type of imaging to be done.*
	2. *Total Number of Participants Scanned*
	3. *Scan Length*
	4. *Number of Scans per Participant*
	5. *Describe anything in your protocol or participant population that is unusual or potentially difficult. If your study needs to be scheduled outside regular operating hours (8am-4pm) please describe and justify this requirement.*
	6. *Attach a copy of your imaging protocol to this letter.*

Source of Funding (or Planned Source of Funding):

Sincerely,

*PI Signature*

*PI Name*