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.