

MRI FACILITY DIRECTORY APPLICATION FORM

Name of Institution: _____

Institution's Address: _____

Web Site Address: _____

Contact Person: _____

Phone: _____

Fax: _____

e-mail: _____

Please answer YES or NO.

Pre-Clinical Research ONLY _____

Clinical Research ONLY _____

Both Pre-Clinical & Clinical Research _____

Please provide a brief narrative of your institution's MRI capabilities, such as equipment, personnel, animal medicine facilities, clinical research facilities, areas-of-interest, etc. Please feel free to add additional pages, if needed.

