**Glasgow Clinical Trials Unit Form**

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| Form number | **58.008A** | Version | **1.0** |
| Title | **CRIF MRI Researcher Entitlement & Authorisation Application Form** | | |

**Section 1 – Entitlement**

**Supervising Principal Investigator**

|  |  |
| --- | --- |
| **Name** |  |
| **Institution** |  |
| **Position** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Signature** |  |

**Nominated Researcher**

|  |  |
| --- | --- |
| **Name** |  |
| **Institution** |  |
| **Position** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Signature** |  |

**Estimated authorisation start and end dates:**

Please allow appropriate timescale for your training requirements, otherwise project may be delayed

**Intended site (s)**: Choose an item.

**Authorisation required:** Choose an item.

Access document type: Choose an item.

OH: Choose an item.

Disclosure: Choose an item.

Please attach a copy of documents obtained with this application – please note application cannot be processed without these

I confirm that I have entitled the researcher named above to undergo training in MRI and will ensure that they continue to receive adequate training for so long as they remain entitled and delegated to do so.

**Signature:**  **Date:**

**Nominated trainer:** Is there someone in your team who will support your operator training if required (include name)?

# 2. Authorisation: MRI training

**2.1 MR Non-operator CAT B**

|  |  |  |
| --- | --- | --- |
|  | **Completion date/ signature** | |
|  | **Trainee** | **MRRP** |
| **TURAS training CAT B** |  |  |
| **LOCAL Rules & SOPs** |  |  |
| **Safety screening** |  |  |
| **Non-operator safety competency form CAT B** |  |  |

**2.2 MR Operator CAT A**

|  |  |  |
| --- | --- | --- |
|  | **Completion date/ signature** | |
|  | **Trainee** | **MRRP** |
| **TURAS training CAT A** |  |  |
| **LOCAL Rules & SOPs** |  |  |
| **Safety screening** |  |  |
| **Operator safety competency form CAT A** |  |  |
| **Scanning operator competency sign-off** |  |  |

**2.3 Enhanced Operator CAT A training with appropriate trainer**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Completion date/ signature** | |
|  | **Check if required** | **Trainer** | **MRRP** |
| **Non-standard MRI coils** |  |  |  |
| **Scanning in 7T pTx mode** |  |  |  |
| **IDEA programming** |  |  |  |

**MR RESPONSIBLE PERSON ONLY:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cat A** |  | **Cat B** | |  |
| **Authorisation/review dates:** |  | | | |
| **Letter issued:** |  | | **Date:** | |

|  |
| --- |
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