Brighton & Sussex Medical School

Clinical Imaging Sciences Centre

Request for Scanning Services (July 2019 V20)

SECTION 1: To be completed by applicant prior to submitting grant application.

Name of Applicant & Name of Budget holder (and email address / phone)	
School / Department	
Research Project Title	
Source of Funding and Budget Code (for billing)	Specify (e.g. Medical Research Council)
If Commercial, Name of Source and level of scanning funds applied or expected to be applied for	
Total Value of Grant secured or applied for in respect of this specific project (£)	
pFACT Number (if known)	
Requested Start Date for Scanning	
Requested End Date for Scanning	
No of Pilot Scans / Hours requested (Application must be made to CISC Academic Director)	
Modality of Scanning Required	fMRI / MRI / PET CT / CT
Use of Scanner Required	3T MRI / 1.5T MRI / PET CT / CT
Total number of scanning hours for project Remember you are billed for the amount of time your participant is in the scanner room. Note: Please ensure you build in an allowance for late cancellations etc, that can incur charges)	
No of Hours Required by academic year (August - July) Please specify. Note: Scanning costs exclude any reporting	
2019 / 20	
2020 / 21	
2021 / 22	

2022 / 23	
2023 / 24	
2024 / 25	
2025 / 26	
2026 / 27	
Frequency of scanning	
How many Subjects being scanned will require Contrast Agent / Media	
Type of Contrast Agent / Media required	
Please indicate who will provide Contrast Agent / Media. Note: If provided by CISC this will incur additional costs	
Will the project require any out of normal hours (09.00 – 17.30) scanning or medical cover. **If Yes, please provide full details.** Please note out of hours medical cover may incur an additional charge	

Signed: **Date:**

Name: **Position:**

Send to: Stuart Welling Business Director CISC, BSMS, University of Sussex, Falmer, BN1 9RR.
Email to: **S.Welling@bsms.ac.uk** **cc to: sjw@cooden.plus.com**

And to: **research_support@sussex.ac.uk** **–** *to ensure that correct costs are reflected in the research grant application and there is an auditable record on the project file***)**

SECTION 2: Costing for CISC Use

Type of Scans	No of Hours	Cost per hour £	Contrast Media per scan £	Other Costs per scan £	Total Cost Per hour £	Total Cost £
fMRI / MRI						
2019 / 20						
2020 / 21						
2021 / 22						
2022 / 23						
2023 / 24						
2024 / 25						
2025 / 26						
2026 / 27						
Total						

Type of Scans	No of Hours	Cost per hour £	Contrast Media per scan £	Other Costs per scan £	Total Cost Per hour £	Total Cost £
PET CT / CT						
2019 / 20						
2020 / 21						
2021 / 22						
2022 / 23						
2023 / 24						
2024 / 25						
2025 / 26						
2026 / 27						
Total						

Costing Prepared by CISC Business Director

Name: Stuart Welling

Signed: **Date:**

Notes:
The charges are guaranteed once the costing has been supplied to the applicant providing the scanning occurs according to the timeframe set out in the application.

The hourly rate for the use of both the 3T and 1.5T scanners are charged at the same rate to reflect the overall costs of providing the scanning and support services