

LG3., The Hong Kong Jockey Club Building for Interdisciplinary Research,

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Research Services Checklist Form

(Must be completed before project commencement)

Project Title:

User (Project PI/ Co I):

Department/Centre:

Name of University:

- 1. User agrees to pay for the MRI scan service according to the established "Pricing and Terms". Please provide detailed billing information; HKU user should provide an internal a/c no. for charging:______
- 2. User agrees to conduct the research project as approved by the relevant research ethics committee. Please provide IRB or CULATR approval information (attach a copy of the original protocol and approval letter).
- **3.** User agrees not to make any changes to the scanner software and hardware for the proposal (Otherwise details of the exact changes must be disclosed and approved by the MRI Unit Scientific Committee).

4. User agrees to follow the User Guidelines.

Agreed and Endorsed by User (Project PI)

PI

Date

Head of Department

Date

香港大學磁力共振掃描部 香港薄扶林沙宣道五號香港賽馬會跨學科研究大樓地庫三層 電話:(852) 2817 0373 傳真:(852) 2817 4013 Revised on 4 Feb 2022