

UAB Radiology Imaging Development Voucher Request

The UAB Department of Radiology is committed to advancing patient care and public health through the use of cutting-edge imaging resources in support of innovative thinking, multi-disciplinary collaboration, expertise in molecular, functional, and anatomic imaging and basic imaging sciences research. The Radiology Imaging Development Voucher Program provides direct funding support to investigators from across UAB to offset expenses for development time on CT scanners, MRI scanners (including the Highlands 3T), PET/MR, PET/CT, and all Small Animal Imaging modalities (9.4T MRI, Small Animal PET/CT, etc.) as well as limited radiotracers to encourage and to enhance imaging research.

Development time may include administrative fees for radiology personnel (e.g. MD or PhD faculty, physicist or technologist), scanner time and associated core supplies, software, and hardware directly related to imaging that will be used to develop new imaging protocols or methods in preparation for a pre-clinical, translational, or clinical research project that has potential for future extramural funding. Examples include development of a new CT protocol, new MRI technique, using a radioisotope or radiotracer for a new application, new use for PET CT or PET MRI, new small animal imaging method, new hardware or software for image analysis or reconstruction, or application of an existing imaging technique to a project that significantly deviates from prior research methods.

Investigators may apply for up to \$6,000 (direct) in voucher support (limit of one voucher per faculty member per calendar year or concurrent development time allocations). Applications must include a UAB faculty member and outline the experimental need, what will be enabled by the investment (e.g., grant application, additional aims) and provide a budget with justification. All lines of investigation supported by the Radiology Research Voucher Program require appropriate regulatory approvals (IRB or IACUC, as applicable) at the time of application and must be in good standing at the time of award and throughout study implementation.

REVIEW PROCESS

Radiology Imaging Development Voucher Requests should follow the specifications provided below and will be accepted electronically as a single PDF by Morgan Amos (jamos@uabmc.edu) on a rolling basis. Applications will be reviewed by the Radiology Voucher Review Committee for scientific merit, mission alignment, appropriateness of the budget and justification of need.

QUESTIONS

Please see UAB Radiology Imaging Development Voucher page for more information. Contact Dr. Suzanne Lapi, Professor, Vice Chair of Research, lapi@uab.edu / 205-975-4559 for general questions regarding the voucher program. **Investigators must discuss their idea with facility's director in advance.**

Facility Contacts:

Advanced Imaging Facility (PET/CT and PET/MR) – Dr. Jonathan McConathy jmccconathy@uabmc.edu

Civitan International Neuroimaging Lab (Highlands MRI) – Dr. Mark Bolding mbolding@uabmc.edu

Cyclotron Facility – Dr. Suzanne Lapi lapi@uab.edu

Human Imaging Shared Facility – Dr. Andrew Smith andrewdennissmith@uabmc.edu

Small Animal Imaging Facility – Anna Sorace asorace@uabmc.edu or Dr. Jason Warram mojack@uab.edu

TITLE OF PROJECT

PRINCIPAL INVESTIGATOR

NAME: _____

ACADEMIC TITLE: _____

eRA COMMONS ID: _____ UNIQUE INSTITUTIONAL ID (e.g, Blazer ID): _____

SCHOOL: _____

DIVISION/DEPARTMENT/OTHER: _____

EMAIL: _____ PHONE: _____

REGULATORY APPROVAL

Will the work funded by this voucher involve any human subjects (including existing data or specimens of human origin)? [Choose an item.](#) Provide IRB approval number: _____

Will this project involve any animals? [Choose an item.](#) Provide IACUC approval number: _____

PROJECT DESCRIPTION

Within the space provided, please articulate the experimental plan that would be enabled by the voucher, how the experimental results will be used (e.g., grant, manuscript, etc.) and timeline for execution. Please **DO NOT** exceed the space provided for any response or append any additional documentation or data.

Brief summary of scientific gap in understanding and experimental goal(s)

Voucher Intent (Detailed plan for development time)

Experimental Timeline / Grant Deadline

BUDGET

Development time is based on the established global research rates.

Global Research Rates		
Modality	Federal/Coop./IIT	Industry
Highland 3T (PRISMA)	\$600	\$750
Small Animal 9.4T	\$125	\$250
MR (PET/MR)	\$500	\$625
PET (PET/MR)	\$600	\$750
PET/MR	\$750	\$1000
PET/CT	\$600	\$750
CT	\$400	\$500
Small Animal PET/CT	\$200	\$250
Small Animal SPECT/CT	\$100	\$200
Small Animal IVIS Lumina (Bioluminescence/Fluorescence)	\$55	\$110
Small Animal Ultrasound	\$100	\$200
Small Animal Gamma Camera	\$20	\$40
Small Animal Imaging Labor charges and image analysis	\$40	\$60
*Cyclotron	Varies by tracer	Varies by tracer

**Cyclotron pilot funding can only be used for radiopharmaceuticals already in routine production.*

Vouchers cannot be used to address faculty or staff salary/fringe, travel or acquisition of new equipment. Voucher may be used for technologist time or labor charges related to imaging experiments. Vouchers are not required to budget indirect costs.

DIRECT COST BREAKDOWN

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____
	Total:	\$ _____

ITEMIZED BUDGET JUSTIFICATION (with Core/Shared Facility Contacts, as applicable)

All expenses should be well justified. In the space above, briefly describe the itemized costs related to the experimental design. Please see the [NIH Guidelines](#) for more information on what should be included in a detailed budget justification. Please **DO NOT** exceed the space provided for any response or append any additional documentation or data.