

**RESEARCH USE OF NMR CENTER BY NON-MGH INVESTIGATORS  
MASSACHUSETTS GENERAL HOSPITAL**

**1. PRINCIPAL INVESTIGATOR**

Name: ----- First Name, Middle Initial, Last Name, Degree(s)		
Institution: -----		
Department: -----		
Address: -----		
Telephone: -----	Beeper: -----	FAX: -----
E-Mail: -----		

**2. STUDY TITLE**

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**3. PURPOSE OF THE STUDY: (describe in terms of who, what , where, why and when)**

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**4. DURATION OF PROPOSED USAGE OF NMR FACILITY:**

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**This is to certify that employees or agents of the MGH are not engaged in this human subject research activity. Employees or agents of the MGH will perform commercial services for the investigators (or perform other genuinely non-collaborative services meriting neither professional recognition nor publication privileges) and adhere to commonly recognized professional standards for maintaining privacy and confidentiality.**

\_\_\_\_\_  
Signature of Principal Investigator      Date

\_\_\_\_\_  
Signature of Director of the NMR Center      Date

Attachments: (1) IRB Approval of Applicable Institution  
(2) IRB Approved Consent Form

Mail the signed forms and required information to Human Research Office, Massachusetts General Hospital, Lawrence House – 3, Boston, MA 02114 or fax to (617) 724-1919. If you have any questions when completing this form, contact Maria Sundquist, Executive Secretary/Administrative Chair at (617) 726-3494.