

**The Chinese University of Hong Kong**  
**Gerald Choa Neuroscience Centre MRI Core Facility**

**Transfer of Imaging Data**

**Part 1: Application**

Application No. (e.g. OUAxxxx, PUAXxxx): \_\_\_\_\_

Project Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Name of Department: \_\_\_\_\_

(a) Type of examinations (e.g. MRI, CT, XR, DSA) \_\_\_\_\_ MRI

(b) Total number of examinations requested: \_\_\_\_\_

DIIR staff (Co-I, if any) involved in project:

\_\_\_\_\_

Expected completion date of project:

\_\_\_\_\_

**\*\* Please provide the following information: (please use encrypted spread sheet if necessary)**

(1) Date and time of MRI; and

(2) Subject number/ HKID

## Part 2: Agreement

I fully understand the guidelines implemented by GCNC MRI Core Facility, CUHK and agree to adhere to the following measures:

- (1) All transferred data will be kept secure and, on no account, shared to a third party or transferred to any persons or devices outside PWH/CUHK premises. Data of collaboration projects will be transferred to secured platforms provided by collaborators only.
- (2) This DICOM data can only be used in the research project as specified above and not in any other project.

Request submitted by

Full Name (English): \_\_\_\_\_

Post: \_\_\_\_\_

Staff ID: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

_____ Signature	_____ Date
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### Notes to Researchers

1. To download imaging data from GCNC MRI Core Facility, please complete and return this form to ensure your responsibility for security of the imaging data.
2. All documents containing subjects' personal information should be encrypted.
3. All imaging data will be anonymized for download.
4. Request for Imaging download should be made after the scan is completed. Onsite request will not be entertained.
5. Imaging data will be provided within 5 working days upon request is received and correct information are provided. The process may take longer subject to number of scans.
6. Pls are strongly advised to review and analyze the data immediately each time upon image transferred. Please contact the MRI Core Facility to check or amend the scan parameter at once should any inconsistency is identified.

Softcopy of the completed form should be sent to [cumri@cuhk.edu.hk](mailto:cumri@cuhk.edu.hk).