BIF User Account Request Form

I hereby request creation of a Brain Imaging Facility user account:

Last name: _____ Department/Institute: _____

First name: _____ Research group: _____

Position: ☐ intern ☐ MD student Supervisor/Principal Investigator: _____

☐ PostDoc ☐ PhD student

☐ PI Related projects: _____

☐ other: _____ _____

E-mail: _____ _____

Phone: _____ Staff ID no./Student no.: _____

☐ **I hereby confirm that I have read and understood the Operator and User Regulations, the BIF PC Pool User Guidelines and the Fee Regulation for Magnetic Resonance Imaging on RWTH Aachen University Faculty of Medicine Research Scanners and RWTH Aachen University Hospital (UKA) Research Scanners, agree to them and will comply with them.**

☐ **I registered as a BIF user on Agendo (https://izkf.agendoscience.com/) (instructions here https://www.izkf.rwth-aachen.de/#resources).**

Place, date _____

Signature user _____

Subscribe to BIF mailing list ☐ **Yes** ☐ **No**

Signature principal investigator _____

Stamp
Brain Imaging Facility

Signature BIF head of
department/representative _____

----------for internal use only----------

uid (name): _____ ☐ database ☐ mail sent

created: _____ ☐ lists.rwth-aachen.de

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