Request for Reduction of MRI Fees

No reduction in MRI fees is possible for contract research (research commissioned by a private-sector or public-sector funder). Contract research is generally chargeable in full and subject to VAT.

<table>
<thead>
<tr>
<th>Project title</th>
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<tbody>
<tr>
<td>Short title</td>
<td></td>
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<tr>
<td>Project leader/Supervisor</td>
<td></td>
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<tr>
<td>Specialist clinic/Institute</td>
<td></td>
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<tr>
<td>No. of measurements</td>
<td></td>
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</tbody>
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☐ Data collected internally  ☐ Data collected externally  ☐ Data not collected independently

☐ Initial analysis  ☐ Re-analysis of data already published  ☐ Meta analysis

Due to a lack of funds, only the following amount can be provided per MRI measurement for the above study (the amount will be divided equally between the BIF and the MRI scanner operator):

_____________________________________________________________________________________

This amount comes from:  ☐ Funding  ☐ Institute funds

The following funding has been applied for: _______________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Study affiliated with:

☐ RWTH Aachen University Hospital
☐ Other RWTH Aachen University faculties
☐ External study

☐ No funds are available from the specialist clinic/institute to which the project is affiliated. A statement confirming that no institute funds are available is attached.

☐ The funding notification (approval/rejection) is attached.
I hereby confirm that I have read and understood the Operator and User Regulations 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.

Place, date __________________________ Signature __________________________

Cost reduction approved:

Signature BIF Head of Department/Representative: __________________________

Approval of the relevant MRI scanner operator:

Cost reduction approved:

Signature MRI Scanner Operator Psychiatry/Representative: __________________________

and/or (for use of both scanners, e.g. hyperscanning)

Cost reduction approved:

Signature MRI Scanner Operator Basement/Representative: __________________________