Department of Radiology
Molecular Imaging Center

Date

MRI CHARGE SHEET

Your Name:_________________________________________________________________
PI’s Name:________________________________________________________________
Budget number:____________________________________________________________
Instrument used (in half hour increments) from:_______________ to:___________________
Charge ($)

Basic Charges:
Prime time (Mon – Fri 8:00 am – 8:00 pm)
MRI Scanner___________ hrs $100.00/hr ____________
Non-Prime time (Mon-Fri 8 pm-8 am,
24 hours weekends and holidays)
MRI Scanner___________ hrs @ $50.00/hr _____________

Charges for operation plus analysis per hour:
Prime time (Mon – Fri 8:00 am – 8:00 pm)
MRI Scanner___________ hrs@ $110.00/hr ______________
Non-prime time (Mon-Fri 8 pm-8 am,
24 hours weekends and holidays)
MRI Scanner___________ hrs@ $110.00/hr ______________

Total Charge____________________
Signature:_________________________ Telephone:_____________________

Note (projects, etc):
THIS FORM MUST BE COMPLETED PRIOR TO IMAGING AND GIVEN TO:

Elena Artemova,
Molecular Imaging Center Coordinator
(room B-14A, ext. 2-2598).
THANK YOU.