



Date Received at VHL: \_\_\_/\_\_\_/\_\_\_

Date Reviewed by Atlas Committee:

\_\_\_/\_\_\_/\_\_\_

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## APPLICATION: Acquisition of DICOM Image Files for Cardiac Research Projects

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The following information is required to process applications:

1. Principal Investigator(s):

\_\_\_\_\_

(include curriculum vitae)

First

Middle

Last

\_\_\_\_\_

First

Middle

Last

Investigator's Address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Organizational Affiliation(s): \_\_\_\_\_

3. Project Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Check one:  Faculty/Staff Research  Outside Industry Research

5. Types of imaging files you wish to obtain (e.g., CT or MRI): \_\_\_\_\_

6. Types of Heart Specimens you wish to study (e.g., normal/diseased, dilated/hypertrophic):

\_\_\_\_\_

\_\_\_\_\_

7. Desired donor population and numbers: Male - Age: \_\_\_\_\_ to \_\_\_\_\_ yrs, no. \_\_\_\_\_  
Female - Age: \_\_\_\_\_ to \_\_\_\_\_ yrs, no. \_\_\_\_\_

[Note: It is generally considered that the investigator will initially receive DICOM images from one heart. Upon completion of any image analysis and once both parties are satisfied with the progress and direction of the project the subsequent data sets will be provided]

Preference for initial DICOM set (e.g, 75-80yo male with left ventricular hypertrophy):

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8. Please provide an abstract or your planned analyses/project.

**Abstract:** *Limit: 500 words.*

- I. Clearly state the hypothesis or research question.**
- II. Summarize the objectives of the study in which the image files will be used**
- III. Outline how the resultant analyses could be shared back with the Visible Heart Laboratory for education purposes (e.g., developed digital models put on the “Atlas of Human Cardiac Anatomy” free-access website.)**

**Please include a statement as to the ultimate storage/disposition of used and/or unused research material.**

I/We certify that:

The information furnished concerning the procedure to be taken for the research proposal is correct. I/we will seek and obtain prior approval for any modification in the application.

Absolute confidentiality of the data related to the donor population will be maintained.

I/We understand that:

Imaging data files obtained for this research are available to us only for the approved project, and not to be redistributed by us to other unapproved investigators.

The Visible Heart Laboratory at the University of Minnesota, reserves the right to terminate participation in the above stated research proposal at their discretion.

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Principal Investigators Signatures

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Date

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**For Visible Heart Laboratory use only**

Committee Approved

Date