

**NORC CTRS CORE - IMAGING SERVICES**

Core Director:	Ellen Schur	Phone:	206-543-8433	Date:	
Services Contact Name:	Susan Melhorn	Phone:	206-616-3984	Service Provider:	Ellen Schur
UW Mailbox:	358062	Email:	ellschur@u.washington.edu		

**SECTION 1- TO BE FILLED BY SERVICE REQUESTER**

UW NORC Affiliate Investigator (AI):		Name of AI:	
Non-UW NORC Affiliate Investigator (Non- AI):		Name of Non-AI:	
<b>Requester Contact Info:</b>		<b>Fiscal/Grant Info:</b>	
<b>Service Requester's Name (if different from AI/Non-AI):</b>		Worktag Number for Billing:	
Address/UW Mailbox:		Worktag Name:	
Phone:		Grant Title:	
Email:		Project Title (if different than Grant title):	
<b>Technical/Fiscal Contact Name:</b>		Grant Number:	
Address/UW Mailbox:		IACUC/IRB Approval number/s:	
Phone:		IACUC/IRB Approval date/s:	
Email:		IACUC/IRB PI:	

**SECTION 2- TO BE FILLED BY SERVICE PROVIDER**

Services Preformed	Unit Price	Unit	Quantity	Subtotal
<b>Consultative Services</b>				
Initial Consultation	\$0	Hr		\$0
<b>Protocol Implementation Services</b>				
New project Set-up	\$86	per study		\$0
Body Composition Analysis (DXA)	\$66	per scan		\$0
Bone Mineral Content (DXA)	\$66	per scan		\$0
Hepatic fat package*	\$109	per scan		\$0
Hepatic fat -- Analysis only	\$63	45 min/scan		\$0
Visceral fat package*	\$68	per scan		\$0
Visceral fat -- Analysis only	\$21	15 min/scan		\$0
Abdominal fat package*	\$88	per scan		\$0
Abdominal fat -- Analysis only	\$42	30 min/scan		\$0
Hepatic and abdominal fat package*	\$151	per scan		\$0
Hepatic and abdominal fat -- Analysis only	\$105	75 min/scan		\$0
Quantitative T2 brain imaging package*	\$68	per scan		\$0
Quantitative T2 brain imaging - analysis only	\$21	15 min/scan		\$0
Intramuscular fat assessment (new procedure) scan (initial section/level)	\$63	45 min/subject		\$0
Intramuscular fat assessment (new procedure) scan (additional section/level)	\$42	additional 30 min/subject		\$0
Image acquisition hourly*	\$47	per hour		\$0
Processing and Statistical Analysis of imaging data	\$84	per hour		\$0
Data Storage Fee	\$5	per scan		\$0
	<b>Total:</b>			\$0

Service Dates (One Time/ Several Sets) and Species:					
Service Date/s:					
# of Subjects:					
# of Scans					
Total Period of Performance :					
<b>Estimated Use and Comments:</b>					

**IMPORTANT NOTE:**

\*BMIC rates apply on top of NORC rates and includes scan, MRI tech salary.

[Please submit chargeback sheet to: UWNORC@uw.edu](mailto:UWNORC@uw.edu)