



APPLICATION TO BE LISTED ON THE ESMRMB WEBSITE UNDER "LINKS TO RESEARCH GROUPS IN EUROPE"

Name of research group:

Street:

City: Zip code: Country:

Website of research institute:

Research interest:

Primary Interests:

Mark your primary interests (max. 3)

- General clinical MR (radiological applications)
- Paediatric clinical MR (radiological applications)
- Human MR (clinical research and physiology)
- Animal MR (clinical research and physiology)
- Non-intact animal MR
- Basic methodology

Anatomical/Clinical Interests:

Mark your primary interests (max. 4)

- Neuro
- Head and Neck
- Spine and Cord
- Cardiac
- Vasculature/Angiography
- Breast
- Lung
- Abdomen
- Pelvis, GU
- Musculoskeletal
- Other _____
- Other _____

Methodological Interests:

Mark your primary interests (max. 8)

- Angiography
- Flow Quantification
- Perfusion
- Diffusion
- DTI
- Intervention
- Contrast Agents and Mechanisms
- Cell labelling
- Functional Imaging
- Parallel imaging
- Animal Models
- Cells, Extracts, Fluids
- Microscopy
- Sequences and Techniques: Imaging
- Sequences and Techniques: Spectroscopy
- RF hardware
- Other hardware development
- Hyperpolarisation
- non-proton NMR
- Computation and data analysis
- Safety and bioeffects
- Other _____
- Other _____



MR equipment used:

- Bruker Field strength: _____ Field strength: _____ Field strength: _____
- GE Field strength: _____ Field strength: _____ Field strength: _____
- Hitachi Field strength: _____ Field strength: _____ Field strength: _____
- Philips Field strength: _____ Field strength: _____ Field strength: _____
- Siemens Field strength: _____ Field strength: _____ Field strength: _____
- Toshiba Field strength: _____ Field strength: _____ Field strength: _____
- Varian Field strength: _____ Field strength: _____ Field strength: _____
- other: _____ Field strength: _____ Field strength: _____

Head of research group (this information will not be presented on the website, but is required for the purpose of yearly updates of the information):

Title: First name: Last name:

Email:

Telephone number:

Fax number:

Date: Signature:

We thank you for your interest in ESMRMB and would kindly like to ask you to return the form to the ESMRMB Office by fax: 0043 1 535 70 41

If you have any further questions, please contact the ESMRMB Office via office@esmrm.org

With best regards,

E.R. Danielsen, Ph.D.
 Chair of the Education and Workshop Committee
 ESMRMB