**MIDRC Site Funding Application**

**Background**   
The Medical Imaging and Data Resource Center (MIDRC) is developing a large national database of images and other clinical data to fuel COVID-19 studies and allow scientists to better understand, diagnose, monitor and treat the virus. Funded by NIH’s National Institute of Biomedical Imaging and Bioengineering (NIBIB) through a contract awarded to the University of Chicago, the MIDRC effort is spearheaded by three leading medical associations: the Radiological Society of North America (RSNA), the American College of Radiology (ACR) and the American Association of Physicists in Medicine (AAPM).   
  
**Purpose of program**  
MIDRC funding is available to sites willing to contribute COVID-related imaging data to MIDRC. These contracts are intended to enable sites to select, process and submit such data for use by the MIDRC research community.  
  
**Application deadline**   
Applications are accepted until all available funding has been awarded. The first round of contracts will be awarded starting in July 2021. This grant is open to all levels of investigators.   
  
**Nature of work**   
These awards may be used to support the people and systems to accomplish the following deliverables:

* Identify patient cohort
* File Institutional Review Board (IRB) application
* Request privacy and security office (or similar) approval
* Extract designated imaging and clinical data from relevant systems
* Map data to standard expressions for clinical variables and data elements
* De-identify data (maintaining linkage between imaging and clinical data)
* Transmit data to RSNA repository

Sites and investigators selected for funding must demonstrate access to substantial COVID-related imaging and clinical data. Preference will be given to those with data representing diverse and vulnerable patient populations, and other forms of data that are underrepresented in the MIDRC dataset, such as imaging outside the chest.  
  
Applications should clearly describe how the grant will enable the investigator and his/her team to submit data using established processes and tools.   
  
**Award amount**   
Contract recipients receive up to $38,000 for a one-year project. The funds are awarded in four payments over the project duration: 25% after project kickoff, 25% after IRB and privacy approval and 50% after data delivery. Resources can be applied to any institutional process or individual who can facilitate the data transfer.  
  
**Eligibility**   
Any U.S.-based investigator may apply for this grant. Applicants from outside the U.S. are not eligible.   
  
**Evaluation criteria**

* Diversity and volume of relevant data available
* Demonstrated ability and experience processing and transferring data for research
* Written support from institutional privacy official
* Budget justification describing how resources will be used

Please complete pages two and three of this application. Submit this application along with a signed data submission agreement and your curriculum vitae (CV) to [informatics@rsna.org](mailto:informatics@rsna.org).

**Application Form**

**Please complete all sections**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Name |  | | | |
| Address |  | | | |
| Phone |  | | | |
| Email |  | | | |
| Institution/Facility |  | | | |
| Department |  | | | |
| Position |  | | | |
| Other Investigators |  | | | |
| Country of Citizenship |  | | | |
| Bio or CV (please attach file) | | | | |
| Does your institution participate in the NIH CTSA program? | | | Yes | No |
| Does your institution contribute data to the NIH N3C data repository? | | | Yes | No |
| Does your institution have an ACR TRIAD appliance on site to contribute to ACR data registries? | | | Yes | No |
| Are you able to provide the core supporting clinical data elements in the attached sample spreadsheet? | | | Yes | No |
| Briefly describe the support needed by your institution to participate in sharing data through this program. | |  | | |
| Proposed timeframe to begin project: | |  | | |

|  |  |  |
| --- | --- | --- |
| **Description of Data Available** | | |
| **Exam Type** | **Description** | **Approx. # of studies** |
| CR Chest – COVID Pos |  |  |
| CR Chest – COVID Neg |  |  |
| CT Chest – COVID Pos |  |  |
| CT Chest – COVID Neg |  |  |
| MR Head and Spine – COVID Pos |  |  |
| MR Head and Spine – COVID Neg |  |  |
| Ultrasound |  |  |
| Other Relevant Imaging |  |  |

**Application Signature Page**

|  |  |
| --- | --- |
| Applicant Name (Print please) |  |
| Applicant Signature |  |
| Date Signed |  |
| Institution/Facility |  |
| Authorized Institutional Representative Name  (Print please) |  |
| Authorized Institutional Representative Signature |  |
| Date Signed |  |
| Authorized Institutional Representative Email |  |