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| --- | --- | --- | --- | --- |
| Study Title: | | | | |
| Principal Investigator: | | | | |
| Institution: | | | Department/Position: | |
| Phone: | Email: | | | Date (mm/dd/yyyy): |
| Study Team Members (List all members of the research team involved in the project and affiliations): | | | | |
| (1) | | | (5) | |
| (2) | | | (6) | |
| (3) | | | (7) | |
| (4) | | | (8) | |
| Funding source(s): | | | | |
| TYPE OF SCAN \*– please check all that are applicable | | | | |
| Structural MRI:  High Resolution MRI Morphometry  Other Structural MRI (T2, Flair)  Diffusion Tensor Imaging (DTI/DWI)  MR angiography & venography  MR Spectroscopy:  Single voxel  2D CSI | | Functional MRI:  High resolution 3D T1  fMRI BOLD  fMRI ASL (Arterial Spin Labeling)    Number of functional runs for each subject:  Length of each functional run (minutes): | | |
| Development of new technique or other, please specify: | | | | |

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| --- | --- | --- | --- | --- |
| MRI Study Team Members (List 2 members of your team you would like to be granted access to the 3T facility. These individuals will be responsible for running your study at the MRI facility and for participants entering the facility). \* ID numbers can be found on the back of the ID badge | | | | |
| Name | Position | Position End Date | Phone Number | email |
| (1)  ID tag #: |  |  | (w)  (c) |  |
| (2)  ID tag #: |  |  | (w)  (c) |  |

Is this a request for data collection to be used in a grant application?  If yes, please skip to next page

|  |  |  |
| --- | --- | --- |
| ETHICS | | |
| UBC Ethics Review #: | Approval Date (mm/dd/yyyy): | Expiry Date (mm/dd/yyyy): |
| \* Please include consent form(s) with your proposal submission | | |

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| --- | --- |
| PROJECT PROTOCOL DETAILS | |
| Additional time required for Testing Room (e.g. pre and/or post assessment) | Access to MRI simulator |
| Number of subjects:  -In-patient:  -Out-patient:  -From community: | For serial studies:  -Number of MR visits per subject:  -Time interval between MR visits: |

|  |  |
| --- | --- |
| STUDY TIMELINE | |
| Requested scanner time per MR session (minutes): | |
| Number of PILOT hours requested (max 3 hours): | |
| If Pilot hours requested state why? | |
| Requested start date (mm/dd/yyyy): | Estimated end date (mm/dd/yyyy): |

\*Gadolinium contrast and anesthesia support are not provided by the BCCH MRI Research Facility, but they could be arranged independently on an individual basis by the investigators

Abstract

Please provide an abstract of the proposed research including brief background, specific aims of the project and the research plan. This abstract should provide enough detail to allow evaluation of safety, feasibility and design. If necessary, please attach additional materials to support this proposal.

Check if you are attaching additional documentation with this application.

To be completed by the Protocol Committee:

Project is approved Approval Date (mm/dd/yyyy):

Further review is required Date of re-review (mm/dd/yyyy):

(1) Specific Aims:

(2) Brief Background:

(3) Study Design [include details about a) equipment needed (facility standard or user supplied); b) length of each scan and number of scans; c] tasks during each scan e.g. for functional MRI: