

Dartmouth Brain Imaging Center
3T MRI Research Protocol Approval Request
(submit to Courtney Rogers)

New Protocol Renewal Expedited Review

Study Title: _____

Experiment Title: _____

Lab Director (Faculty member at Dartmouth): _____

Campus Address: _____

Phone Number: _____

Lead investigator (if different from Lab Director): _____

Campus Address: _____

Phone Number: _____

Name/Address/Phone of other Researchers or Investigators: (Coordinator, Grad Stud, Post-doc, RA, Non-Dartmouth PI):

CPHS Approval Number:

CPHS Expiration Date

Please attach copies of the following documents:

- 1) CPHS Protocol (if not already on file in DBIC)
- 2) Consent form
- 3) Supplemental description of experimental design (see next page)

Resources requested:

Number of sessions per subject:

Number of subjects:

Scans per session (Type and number of scans):

Expected duration of each imaging session:

Total Scanning Hours Requested:

Time of day (8am-4pm or after-hours):

Who is trained and certified to do the after-hours imaging?

Funding: (Check all that apply):

N.B. Scanning charges must be billed first to extramural grants if available. DOF subsidies will be billed only after grant funds designated for scanning have been spent.

This study is funded by an extramural grant administered by Dartmouth College

Funding Agency:

PI and grant number:

Annual direct funds:

Account to bill:

I authorize Dartmouth Brain Imaging Center to bill directly the above account using electronic accounting. _____

This study is funded by another institution

Name and Address of contact to bill studies:

This study is for an undergraduate honors thesis

Name of student:

Name of adviser:

This study is for doctoral dissertation research

Name of student:

Name of adviser:

This study is for undergraduate instruction: Name of course:

This study is supported by startup or other commitments from the Dean of Arts & Sciences

Name for startup account:

I am requesting Dartmouth College to subsidize this research as a pilot project

If subsidized by Dartmouth, describe plans for obtaining future extramural funding:

Data path:

Will you analyze these data using afs disc space?

Name of afs data directory:

If not, where should the data be copied:

User Login/password information:

How do you back-up your data?

Supplemental Description of Experiment Design:

In addition to providing the protocol submitted to CPHS for your human subject approval, please describe, in one page, your proposed experimental paradigm. Include details of the event sequence and task.

For DBIC use only: Scan Cost:

Number of Scan Hours approved:

Committee Review Date:

Renewal Date:

Approved for CPHS?

Other Comments: