

Dartmouth Brain Imaging Center
3T MRI Research Application
(submit to Wendy Starr, HB 6162 or 451 Moore Hall)

New Protocol Renewal Expedited Review

Study Title: _____

Experiment Title: _____

Principal Investigator (Faculty member at Dartmouth): _____

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*
- 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 (Check all that apply):

- Coplanar anatomic scan
- fMRI BOLD (standard 2D Single shot)
- fMRI PRESTO (fast functional imaging)
- mprage (standard 3D high resolution anatomic scan)
- DTI (15 tensors)
- Selected imaging (Surface coils)
- Non-human primate imaging

Expected duration of each imaging session: _____

Total Scanning Hours Requested:

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

Who is trained to do the after-hours imaging? _____

Funding: (Select one of the following five):

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

Funding Agency: _____

Account to bill: _____

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

This study funded by another institution

Name and Address of contact to bill studies: _____

This study is for undergraduate instruction: Name of course: _____

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

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

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

Stimulus Presentation and Response Detection (Pick all that apply):

LCD back-projection

LCD front-projection

3-D goggles

Certified and responsible party for using goggles? _____

Audio stimuli with Philips headphones

Audio stimuli with other headphones

Simple button box (up to 4 keys)

Large button box (up to 10 keys)

1-D Knob

Eye tracking

Data path:

Will you analyze this 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 specific design (block, single event, multi-event, continuous), number of trials per event type, randomization procedure, assessment of orthogonality, triggering method and analysis methods.

<i>For DBIC use only:</i>	Scan Cost: <input style="width: 50px;" type="text"/>	Number of Scan Hours approved: <input style="width: 50px;" type="text"/>	
Committee Review Date: _____	Renewal Date: _____		
Approved for CPHS? _____			
Other Comments: _____			
