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- Create Project**
- My Projects
- Project Search
- Project Membership Request
- My Scans

- Project**
- Resources
- Ethics
- Study
- Finance
- Booking
- Users
- Settings (ADMIN USE ONLY)
- History
- Notes

Short p	name
Project	
Full Pro	
Synopsis	
Type	Normal
Status	Requested
Owner	Camera, Anna (anna.camer@...)
Phone Number	
Principal Investigator	Please select a User
Submitted for approval	No

Public Notes **Private Notes**

Notes

Please fill in the form, and make sure to complete the sections highlighted in this document

Once you have completed it, send it for approval. Once you have sent it, you will not be able to edit it again. Only the resource (MEG, MRI, EEG, TMS) manager will be able to.

The resource manager will then give you a Project Code.



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Project

Resources

Ethics

Study

Finance

Booking

Users

Settings (ADMIN USE ONLY)

History

Notes

Short project Title	Choose project name
Project Code	
Full Project Title	<input type="text"/>
Synopsis	<div style="border: 1px solid black; height: 100px;"></div>
Type	Normal <input type="button" value="v"/>
Status	Requested
Owner	Camera, Anna (anna.camerz <input type="button" value="v"/>
Phone Number	<input type="text"/>
Principal Investigator	Please select a User <input type="button" value="v"/>
Submitted for approval	No

Public Notes

Private Notes

Notes



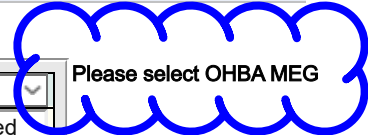
Facilities Booking

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Project Resources Ethics Study Finance Booking Users Settings (ADMIN USE ONLY) History Notes	Resource to be included in request	Select from list <input type="checkbox"/>
	Suggested booking group, if known (FMRIB projects only)	Nothing selected
	Start Date	
	Finish Date	
	Public Notes Private Notes	
	Notes	



Please select OHBA MEG



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Ethics Approval Number	
Does this ethics approval cover any other studies?	No <input type="button" value="v"/>
Ethics Expiry Date	

CUREC / NRES application, amendments, approval letter

Nessun file selezionato

CUREC3:Research (Study)Protocol

Nessun file selezionato

HV Info Sheets

Nessun file selezionato

HV Consent Forms

Nessun file selezionato

Patient Info Sheets

Nessun file selezionato

Patient Consent Forms

Nessun file selezionato

Public Notes

Notes

Private Notes

Notes

<ul style="list-style-type: none"> Project Resources Ethics Study Finance Booking Users Settings (ADMIN USE ONLY) History Notes 	Date of Work-In-Progress presentation (WIP)	<input type="text"/>	<input type="text"/>
	Total number of volunteers for the study	<input type="text"/>	<input type="text"/>
	Number of visits per volunteer	<input type="text"/>	<input type="text"/>
	Lower Age Limit	<input type="text"/>	<input type="text"/>
	Upper Age Limit	<input type="text"/>	<input type="text"/>
	Volunteer Category	Select one <input type="text"/>	
	Scan Category (for MRI only)	Select one <input type="text"/>	
	Is it likely that the volunteers will have any difficulty with answering screening questions?	No <input type="text"/>	<input type="text"/>
	Problems Changing Into Scrubs	No <input type="text"/>	<input type="text"/>
	Is it likely that the volunteers will have any difficulty with getting on or off the scan table?	No <input type="text"/>	<input type="text"/>
	Any testing and/or preparation time required	0 <input type="text"/>	<input type="text"/>
	Will you collect blood samples, administer contrast agent or other pharmaceuticals, or perform any other interventions as part of this study?	No <input type="text"/>	<input type="text"/>
	Will you be following the WIN Incidental Findings Procedure?	No <input type="text"/>	YES <input type="text"/>
	<input type="button" value="Public Notes"/> <input type="button" value="Private Notes"/>		
<input type="text" value="Notes"/>			



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- Study
- Finance**
- Booking
- Users
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- Notes

Is any of the funding from a commercial source?	No	▼	
Is any funding provided by the NIH or EU?	No	▼	
Grant Type	Please Select ▼		
Grant code / account number / cost centre			
Dept Body Name			
Funding Admin Name			
Funding Admin Address			
Funding Admin Phone Number			
Funding Admin Email			

Upload a POs Covering Cost of all scan

Nessun file selezionato

Public Notes

Notes

Private Notes

Notes

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<ul style="list-style-type: none"> Project Resources Ethics Study Finance Booking Users Settings (ADMIN USE ONLY) History Notes 	Number of scanning sessions per volunteer	1
	Proposed Slot Length (minutes)	
	Any special constraints on time of day / day of week	
	Any special constraints for completion	
	MRI protocol and duration	
	Ancillary equipment required	
	Approval for new equipment required	
	Special equipment that is not permanently available as part of the scanner platform?	
	Required Setup Time?	0
	Will you be administering drugs or gadolinium, taking bloods or giving other interventions during or prior to scanning? Please give details	



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Users

Please select a User to add

<input type="checkbox"/>	Family name	Given name	Other name	Identity
<input type="checkbox"/>	Camera	Anna		Shibboleth/psyc1478@ox.ac.uk

Remove

Add any researcher involved. This is needed to be able to book a slot on Calpendo