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| WIN Project Code Request FormVersion: Oct 2019 | ProjectCode |  |

 *Please email the completed form to radiographers@win.ox.ac.uk*

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| **Study Information** |  |
| Site Preference?*(Delete as appropriate)* | FMRIBOHBA |  |
| Reason for site preference? |  |  |
| Project Title*(As stated in ethics)* |  |  |
| Calpendo/Short Title *(Maximum 35 characters including spaces)* |  |  |
| Brief study explanation*(One small paragraph maximum please)* |  |  |
| Booking group*(Delete as appropriate)* | Brain Health Centre (BHC)CardiacCognitionNeurology and PsychiatryPain and AnaestheticsPhysics and DevelopmentPlasticity and Rehabilitation |  |
| Anticipated study start and end dates |  |  |
| Anticipated number of scans per week |  |  |
| WIP Date |  |  |
| **Ethics Information** |  |
| CUREC or NRES number |  |  |
| Any other studies on this ethics?*(If yes please list the Calpendo Study IDs)* |  |  |
| Ethics expiry date |  |  |
| **Participant Information** |  |
| Total number of participants |  |  |
| Number of MRI sessions per participant |  |  |
| Age range |  |  |
| Healthy participants or patient participants *(Please state type of patient and whether they are an outpatient/inpatient)* |  |  |
| Scan Type Category *(Delete as appropriate, please refer to the Magnet Attendance Policy for full descriptions)* | Cat 0: Phantoms onlyCat 1: Healthy participants (simple scanning)Cat 1a: Healthy participants (task fMRI or experimental manipulation)Cat 2: Vulnerable participants or low risk interventionCat 3: High risk |  |
| Will the participant group have any difficulty answering screening questions? (Are there any underlying neurological disorders eg dementia, MCI, brain damage) |  |  |
| Will the participant group have any difficulty changing into scrubs? |  |  |
| Will the participant group have any difficulty getting on or off the scan table? |  |  |
| Any testing and/or preparation time required  |  |  |
| Will you be collecting blood samples? |  |  |
| Will you be following the WIN Incidental Findings Procedure? If using an alternative, please detail what the procedure will be. |  |  |
| **Funding Information** |  |
| Is the funding from commercial sources?*(There may be some restrictions on sequences that can be used)* |  |  |
| Is the funding from the NIH or EU? |  |  |
| Total number of scans on this study |  |  |
| Number of scans to be charged at the WIN standard rate(3T £550/hr, 7T £550/hr) |  |  |
| Number of top up scans requested(The top up request form can be found on the WIN Intranet) |  |  |
| Quarterly standing charge*(For development projects)* |  |  |
| **NDCN Administered Grants** |  |
| Cost Centre Code |  |  |
| **Other University Department Administered Grants** |  |
| Cost Centre Code |  |  |
| Department |  |  |
| Funding Admin Name*(Relevant for funding queries)* |  |  |
| Funding Admin Address |  |  |
| Funding Admin Email |  |  |
| Funding Admin Phone |  |  |
| **Externally Funded** |  |
| Institution/Department |  |  |
| Funding Admin Name*(Relevant for funding queries)* |  |  |
| Funding Admin Address |  |  |
| Funding Admin Email |  |  |
| Funding Admin Phone |  |  |
| Please send a copy of the PO*(PO must cover potential cost of all scans. Please attach PO)* |  |  |
| **Scanning Information** |  |
| **Scanner Booking** |  |
| 3T or 7T (or both) |  |  |
| Proposed slot length*(Should include pre-scan screening, equipment setup, volunteer setup, localisers, shimming & scanning, equipment removal and clean up if required)*  |  |  |
| Total number of scans on this study*(If a subject is to be scanned more than once then please multiply number of subjects by scans per subject)* |  |  |
| Special scanning times required? |  |  |
| Any time constraints for completion of study? |  |  |
| **MR Sequences** |  |
| Please indicate which sequences will be used and their approximate length |  |
| Structurals |  |  |
| fMRI (Standard or Multiband) |  |  |
| ASL |  |  |
| DTI (Standard or Multiband) |  |  |
| MR Spectroscopy |  |  |
| Other imaging |  |  |
| **Equipment**  |  |
| Stimulus equipment required |  |  |
| What equipment will you take into the scanner room? Is any of it new or untested at this field strength? |  |  |
| Physiological monitoring equipment *(Respiratory bellows, pulse meter, eye tracker, etc)* |  |  |
| Any additional equipment *(Pain devices, tDCS, tACS, EEG, gases)* |  |  |
| Equipment setup time |  |  |
| Will you be administering drugs or gadolinium, taking bloods or giving other interventions before, during or after scanning? Please give details |  |  |
| **Research Team** |  |
| **Main researcher conducting the experiment** |  |
| NameJob TitleDepartmentTelephoneEmail |  |  |
| Oxford University Single Sign-On ID |  |  |
| Attended magnet safety course? |  |  |
| Attended site and scanner specific magnet emergency procedure training? If yes please state site, scanner and date. |  |  |
| MR service agreement signed? |  |  |
| Previous FMRIB/OHBA scanning experience? If none please outline any other relevant experience. |  |  |
| **Principal Investigator** |  |
| NameJob TitleDepartmentTelephoneEmail |  |  |
| Oxford University Single Sign-On ID |  |  |
| Attended magnet safety course? |  |  |
| Attended site and scanner specific magnet emergency procedure training? If yes please state site, scanner and date. |  |  |
| MR service agreement signed? |  |  |
| Previous FMRIB/OHBA scanning experience? If none please outline any other relevant experience. |  |  |
| **Other Team Members** *(duplicate this section if necessary)*  |  |
| NameJob TitleDepartmentTelephoneEmail |  |  |
| Oxford University Single Sign-On ID |  |  |
| Attended magnet safety course? |  |  |
| Attended site and scanner specific magnet emergency procedure training? If yes please state site, scanner and date. |  |  |
| MR service agreement signed? |  |  |
| Previous FMRIB/OHBA scanning experience? If none please outline any other relevant experience. |  |  |
| **Scan Cover** *(Depending on the Scan Category an appropriately experienced researcher must be present for all scanning sessions - refer to Minimum Attendance Policy. Please nominate all persons who may act in these roles.)* |  |
| **Experienced Researcher**Category 1 (Extended Hours)Category 1A |  |  |
| **Specially Trained Researcher**Category 2 |  |  |
| **Practicing Medic/Anaesthetist** Category 3 |  |  |
| **Document Check** |  |
| NRES/CUREC application attached? |  |  |
| NRES/CUREC amendments attached?*(Please number or date)* |  |  |
| NRES/CUREC approval letter attached?*(Please also include those for amendments)* |  |  |
| Research (study) protocol attached?*(Only if one was submitted to NRES/CUREC)* |  |  |
| Healthy volunteer information sheet and consent form attached? |  |  |
| Patient volunteer information sheet and consent form attached? |  |  |
| **Completed at Project Form Review** |  |
| Assigned Radiographer |  |  |
| Assigned Physicist |  |  |
| Comments |  |  |