MRI New Project Form

Instructions: Please complete and email this form to ND-HNC staff at nd-hnc@nd.edu prior to scheduling facilities and/or equipment, using the subject line "MRI New Project Form".

Section 1: Project Information

IRB Approval Number: _____

Project Name: _____

Principal Investigator, Last: _____ E-mail: _____

Additional Collaborators (Last, E-mail): _____

_____

What are the goals/objectives? _____

_____

What type of MR data does this project require? _____

What is the target number of participants? _____

How many participants will be scanned per appointment? _____

If collecting fMRI task data, please list experiment software (e.g. PsychoPy): _____

Section 2. Support Required

Will this project require any of the following support:

Yes ☐ No ☐ Sequence development

Yes ☐ No ☐ fMRI task development

Yes ☐ No ☐ Technical, computational, or statistical

Section 3. Additional Resources

List any ND-HNC equipment and/or facilities that will be scheduled in addition to the MRI scanner:

_____

_____