Dartmouth Brain Imaging Center

Siemens 3T MRI Research **NEW** Protocol Approval Request

Please submit the following documents, along with your completed DBIC protocol form, to [courtney.rogers@dartmouth.edu](mailto:courtney.rogers@dartmouth.edu)

* CPHS approved protocol
* CPHS approved consent form
* Supplemental description of experimental design (see page 2)

**New protocol information**

Study Title:

Experiment Title:

**PI information**

Lab Director (PBS faculty member)

Campus Address:

Phone Number:

Lead investigator (if non-PBS or non-Dartmouth PI):

Address:

Phone Number:

**Research personnel (please list anyone who will be present while conducting scans – e.g. study coordinator, lab manager, graduate students, post-docs, RAs)**

**CPHS information**

CPHS approval number:

CPHS Expiration Date:

* Has Courtney Rogers been made a study team member and proxy?
* Have all researchers completed IRB education?
* Have all researchers been added to the IRB protocol being used for this study?

**Protocol details**

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 (Monday-Friday 8am-5pm or after-hours):

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

**Supplemental description of experiment design:**

**Protocol funding (please check all that apply):**

***IMPORTANT: 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 supported by startup or other commitments from the Dean of Arts & Sciences

Name for startup account:

[ ] This study is for doctoral dissertation research (please submit form signed by dissertation committee) (separate DBIC protocol is required for each dissertation study)

Name of student:

Name of adviser:

[] This study is for an undergraduate honors thesis (please submit form signed by undergraduate research chair)

Name of student:

Name of adviser:

[ ] This study is for undergraduate instruction:

Name of course:

[ ] I am requesting Dartmouth College to subsidize this research as a pilot project ***(10 hours)***

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

For DBIC use only:

Scan Cost:

Number of Scan Hours approved:

Approval date:

Review Date:

Renewal Date: