UCSB Brain Imaging Center
3T MRI Research Application
(submit to Phil Beach, Dept. of Psychology: bic@psych.ucsb.edu)

[ ] New Experiment  [ ] Renewal  [ ] Expedited Review

Experiment Title:

Principal Investigator (Faculty member at UCSB): ____________________________

Campus Address: __________________________________________________________

Phone Number: ____________________________

Name/Address/Phone of other Researchers or Investigators: (Coordinator, Grad Stud, Post
doc, RA, Non-UCSB PI): ____________________________________________

______________________________________________________________________

______________________________________________________________________

Human Subjects Approval Number: _________  Expiration Date: _____________

Please attach copies of the following documents:
1) Human Subject Protocol
2) Consent form
3) Description of experimental design (see next page)

Resources requested:
Number of sessions per subject: ______________
Number of subjects: ______________
Estimated duration of each imaging session: ______

Scans per session (Check all that apply):

[ ] Coplanar anatomic scan
[ ] fMRI BOLD (standard 2D Single shot with iPAT GRAPPA) Number of runs: ______
[ ] MPRAGE (standard T1 weighted 3D high resolution anatomic scan)
[ ] FLASH (standard T1 weighted 3D high res anatomic scan, like a GE SPGR)
[ ] DTI (number of tensors: ______ (minimum 30 recommended)
[ ] Gradient Field Map
[ ] Other __________________________

Total Scanning Hours Requested: ______

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

Who will do the imaging? __________________________
Funding: (Select one of the following five):

[ ] This study is funded by an extramural grant administered by UCSB
  Funding Agency: ___________________
  Account to bill: ___________________
  I authorize UCSB 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 my school

[ ] I am requesting UCSB BIC to subsidize this research as a pilot project
  If subsidized by the BIC, describe plans for obtaining future extramural funding:
  ___________________
  ___________________
  ___________________

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

[ ] LCD back-projection
[ ] LCD front-projection
[ ] Audio stimuli with Siemens headphones
[ ] Audio stimuli with other headphones
[ ] Cedrus button box (up to 4 keys)
[ ] Large button box (up to 10 keys)
[ ] Joystick
[ ] Special requests: ___________________

Data path:
(How do you want your data?)

[ ] Burn a DVD (PC compatible only)
[ ] Burn a CD
[ ] External hard drive
[ ] sftp from MRI center tape archive to local computer

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.

For BIC use only: Scan Cost: ________ Number of Scan Hours approved: ________
Committee Review Date: ________ Renewal Date: ________
Approved for Human subjects? ________
Other Comments: ___________________