

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.

<i>For BIC use only:</i>	Scan Cost: <input type="text"/>	Number of Scan Hours approved: <input type="text"/>
Committee Review Date: _____	Renewal Date: _____	
Approved for Human subjects? _____		
Other Comments: _____		
