

Project Proposal Sheet

for scanning time at the 7 Tesla MRI

General	
Project owner	Date
Email	
Institution	
Project	
Project title	
Planned starting date	Estimated ending date
Project participants allowed to book scanning time on the given project number (Name, Email)	
Project participants that will be named as authors of research papers resulting from this project	
Name of the responsible Project PI	
Email:	
Name of the ELH staff scientist responsible for the project	
<input type="checkbox"/>	There was a previous pilot ("Kleinstprojekt")
	Project number
Funding of scanning time	<input type="checkbox"/> Erwin L. Hahn Institute <input type="checkbox"/> Other: _____ Contact Person for funding information: Name: Email: Institution / Department:
Ethical conditions	<input type="checkbox"/> Name of contrast agent, type of application (i.v.): _____ <input type="checkbox"/> Buscopan <input type="checkbox"/> Other drugs: _____ <input type="checkbox"/> Any other substances: _____ <input type="checkbox"/> Physical stress: _____ <input type="checkbox"/> Psychological stress, IRB number: _____ <input type="checkbox"/> Are you going to use the fMRI rack? Please list the devices that you will use: _____ <input type="checkbox"/> Additional hardware (e.g. new RF coils), dielectric bags or subjects with implants. Please explain: _____ <input type="checkbox"/> Anything else that is not covered and/or should be declared? _____ <input type="checkbox"/> None. Please note: if any of the red boxes is checked, you will have to adapt the volunteer information in accordance with the local IRB (Ethikkommission) regulations. An IRB approval of these changes is mandatory before your project can be activated. If the blue box is checked, the ELH safety panel will have to discuss further actions.
Ethical approval	<input type="checkbox"/> Covered by general approval nr. 16 7214 BO <input type="checkbox"/> blue questionnaire <input type="checkbox"/> red questionnaire <input type="checkbox"/> phantoms / animals <input type="checkbox"/> Yes, study specific approval *1 File nr. _____ A (digital) copy of the application document and the approval has to be handed out to the responsible ELH staff scientist <input type="checkbox"/> Not approved yet *1 *1 Approval is mandatory before start of study! Request prepared by _____

Safety	<input type="checkbox"/> All project participants that are allowed to book scanning time for this project signed the affirmation of safety regulations at the ELH (Mandatory before start of study!)	
Scanning conditions	Hours 7T scanning time needed (incl. setup and post processing, NOT including scanning time in a corresponding pilot project) Number of volunteers / patients <input type="checkbox"/> Project requires more than 8 hours measure time per week <input type="checkbox"/> Spontaneous investigations of patients are possible.	
Subject expenses	# of subjects getting payment _____ Maximum total amount _____	Average amount per subject * _____ * Consider the "ELH expenses for volunteers" guideline.
Remarks	_____ _____ _____	
Signature Project Owner	I hereby affirm that all information provided is complete and correct and I am aware that I have to immediately notify any changes to all responsible persons. I know the regulations for projects at the ELH and I notice, that providing wrong information can lead to a prohibition of booking scanning time and even a running scan can be stopped by a member of the ELH staff. Further, I confirm to obey the instructions described in the project proposal information sheet. _____ Date _____ Name and signature Project Owner	
Approval of ELH PI	I hereby confirm my approval of the project _____ Date _____ Name and signature ELH PI	

To be filled in by the project owner

Approval of Scanning time	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				h of 7T scanning time (incl. setup and post processing) approved _____ Date _____ Signature managing director of the Erwin L. Hahn Institute for MRI
I hereby confirm that I was informed about the technical setup and the ethical conditions.		I hereby confirm that I was informed about the financial conditions.			
_____ Responsible ELH staff scientist		_____ Administrative director ELH			

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To be filled by the administration