

Pilot Project Sheet

General	
Project owner	Date
Email	
Institution	
Project	
Project title	
Project participants allowed to book scanning time on the given project number (Name, Email)	
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 no. 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 no. _____ 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 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!)
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. Date _____ Name and signature Project Owner _____
Approval of ELH-scientist	I hereby confirm that I was informed about the technical setup and the ethical conditions. Date _____ Responsible ELH staff scientist _____
Approval of ELH-PI	I hereby confirm my approval of the project. Date _____ Name and signature ELH-PI _____