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**Application form for mri research project at the Brain and Behaviour Laboratory**

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| Acceptance (completed by BBL manager) |  |
| Code: | Project duration: |

Before a project can use the MRI infrastructure for neuroscience research, it must be reviewed and approved by the BBL's coordinating scientific committee. The evaluation of the projects is done on a scientific, technical and administrative level.

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| **general informations (to be completed by the principal applicant)** |
| **Title of the project**: |
| **Name of the applicant**: |
| **Phone**: | **Email**: |
| **Institution**: | **Department**: | **Principal Investigator**: |
| **Adress**: |
| **Collaborators** : |
| **Mri opérator (trained and certified at bbl) in collaboration** **on the project** : yes : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no |
| **Phone** : | **Email**: |
| **Source of funding for the project :** FNS Europe Foundation Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Duration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Agreement of the ethics commitee:** yes / no / in progress  | **If yes, please attach the approval document** |
| **Needs for the project :**Amount of mri hours (Please take into account a margin in order not to overflow on the following experiment in case of delay) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hoursmri operator for acquisition : yes / no Visual stimulation : yes / no Auditory stimulation : yes / noOlfactory stimulation : yes / noGustatory stimulation : yes / noTactile / thermal / ELECTRICAL stimulation : yes / noeye-tracker : yes / nophysiological measurements biopac : yes / nonirs : yes / noeeg : yes / noOther (spécify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RESEARCH PLAN (SUMMARY):**Aims, importance of the project, MRI techniques used (DTI, fMRI, particular sequences, etc.), total duration per MRI examination, number of examinations and dates. Also to be mentioned: special equipment, archiving, data transfer. |
| Research involving patients (clinical research): yes / noResponding Physician : |
| Phone: | e-mail: |