



## APPLICATION FORM FOR MRI RESEARCH PROJECT AT THE BRAIN AND BEHAVIOUR LABORATORY

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.

GENERAL INFORMATIONS (to be completed by the principal applicant)		
TITLE OF THE PROJECT:		
NAME OF THE APPLICANT:		
PHONE:	EMAIL:	
INSTITUTION:	DEPARTMENT:	PRINCIPAL INVESTIGATOR:
ADDRESS:		
COLLABORATORS :		
MRI OPERATOR (TRAINED AND CERTIFIED AT BBL) IN COLLABORATION ON THE PROJECT :		
<input type="checkbox"/> yes : _____ <input type="checkbox"/> no		
PHONE :	EMAIL :	
<b>SOURCE OF FUNDING FOR THE PROJECT :</b>		
<input type="checkbox"/> FNS <input type="checkbox"/> Europe <input type="checkbox"/> Foundation <input type="checkbox"/> Other: _____		
Duration : _____ Amount : _____		
AGREEMENT OF THE ETHICS COMMITTEE:	IF YES, PLEASE ATTACH THE APPROVAL DOCUMENT	
<input type="checkbox"/> yes / <input type="checkbox"/> no / <input type="checkbox"/> in progress		

**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) : \_\_\_\_\_ HOURS

MRI OPERATOR FOR ACQUISITION :  YES /  NO

VISUAL STIMULATION :  YES /  NO

AUDITORY STIMULATION :  YES /  NO

OLFACTORY STIMULATION :  YES /  NO

GUSTATORY STIMULATION :  YES /  NO

TACTILE / THERMAL / ELECTRICAL STIMULATION :  YES /  NO

EYE-TRACKER :  YES /  NO

PHYSIOLOGICAL MEASUREMENTS BIOPAC :  YES /  NO

NIRS :  YES /  NO

EEG :  YES /  NO

OTHER (SPECIFY) : \_\_\_\_\_

**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 /  no

RESPONDING PHYSICIAN :

PHONE:

E-MAIL: