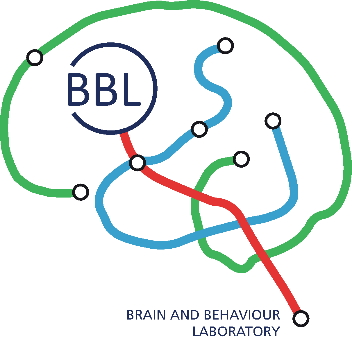
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**Application form for mri research project at the Brain and Behaviour Laboratory**

|  |  |
| --- | --- |
| 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**: |
| **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) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 (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 / no  Responding Physician : | | |
| Phone: | e-mail: | |