Study Title \_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: Dr.\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Contact for Principal Investigator**  Address: | |
| Phone: | Fax: |
| Email: |  |
| Date: |  |

UBC Ethics Certificate:

|  |  |
| --- | --- |
| UBC Ethical Review # |  |
| Approval Date (dd-mm-yy) |  |
| Expiry Date (dd-mm-yy) |  |

**Please return Protocol Proposal Form and all attachments to the following address:**

**Karina Antonenko**

Administrator

UBC MRI Research Centre

c/o Quantitative Imaging Research Collective

2215 Wesbrook Mall,

Vancouver, BC V6T 1Z3

[karina.antonenko@ubc.ca](mailto:lindac@physics.ubc.ca)

Phone:604-822-7352

Form Completion Checklist

Please ensure that you have completed all parts of this form and attached the required additional documents as listed below:

**Form Sections**

List of collaborators

Brief study abstract with sufficient information to detail how the requested MRI sequences are believed to address the scientific questions

3 sentence project summary for UBC MRI Research Centre website

Unexpected/Incidental Findings

Checklist of requested MRI sequences

Detailed list of MRI sequences with estimated scan time calculation

Table of participant characteristics

Study timeline information

Funding information

Data analysis and transfer requests

**Additional Documents**

All informed consent/assent forms

Copy of ethics certificate

Optional: additional documents to support the study abstract

Optional: Clinical Trial Site procedure manual/MRI Procedure manual

*Thank you for ensuring all sections are complete, this will help to expedite your study’s approval!*

|  |
| --- |
| **Collaborators** |

Please list all collaborators and affiliations

**INTERNAL** collaborators: **EXTERNAL** Collaborators:

|  |  |
| --- | --- |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

|  |
| --- |
| **Study Timeline** |

Requested Start Date (dd/mm/yy)

Estimated End Date (dd/mm/yy)

Cross-Sectional Study  Longitudinal Study

Requested scanner time per MR session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study Summary for Website**

Please summarize your study in no more than three sentences, including a link to your website (if you wish), for inclusion in our “PROJECTS” page on the UBC MRI Research Centre website:

**Study Summary**

Please provide a summary of up to two pages in length of the proposed research including the background, specific aims, significance of the project, as well as the Research Plan including a justification for how the requested MRI sequences would address the hypotheses. This abstract should provide enough detail to allow evaluation of scientific merit, feasibility at our facility, and potential safety issues.

If necessary, please attach additional materials to support this proposal.

**(page 1 of 2)**

**Study Title:**

**Principal Investigator:**

**Abstract**

**(page 2 of 2)**

|  |
| --- |
| **Unexpected/Incidental Findings**  This section is required to be completed by all studies |

The Centre does not have a routine screening process in place for unexpected or incidental findings - although it does have a procedure for reporting such findings when identified during standard image quality assessments.

The P.I. is expected to have a **Radiologist Collaborator** for the identification and reporting of such findings when:

\* The brain pathology or population under investigation is likely to have unexpected or incidental findings (for example populations likely to have findings not previously imaged)

\* The brain pathology under investigation may impact the ability to differentiate unexpected or incidental findings from known pathology (for example brain injury or unknown manifestation of pathology).

|  |  |
| --- | --- |
| **Radiologist who will review images in the event of an incidental finding:**  If you do not have a radiologist collaborator do you request the Centre’s Radiologist to review images for incidental findings? | UBC MRI Research Centre Radiologist |
| If you checked the above box to request that the Centre’s Radiologist review images for incidental findings, please provide a rationale for choosing not to include a radiologist collaborator: |  |
| **Who will disclose incidental findings to participants:**  Do you request the Centre’s Radiologist disclose incidental findings to participants? | UBC MRI Research Centre Radiologist |

|  |
| --- |
| **Types of Sequences Requested:** *(please mark all applicable categories)* |

|  |  |  |
| --- | --- | --- |
| **Qualitative Anatomical Images** |  | **Functional Imaging** |
| T1W  T2W |  | Resting state, # per session \_\_\_\_ |
| PDW  FLAIR |  | Task based, # per session \_\_\_\_\_\_ |
| Contrast Enhanced |  | Additional devices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Single Echo  Multi-Echo |
| **Angiography** |  | **Spectroscopy** |
| IV Contrast Enhanced |  | Single Voxel, # per session \_\_ , |
| Non-IV Contrast Enhanced |  | location(s):\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | MRSI |
| **Perfusion** |  |  |
| Arterial Spin Labeling |  | **Quantitative Relaxation Measurements** |
| IV Contrast Enhanced |  | Inversion or Saturation Recovery T1 |
|  |  | Multi-spin-echo T2 (Myelin Water Imaging) |
| **Diffusion** |  | Multi-gradient-echo T2\* Imaging |
| DWI  DTI |  |  |
|  |  |  |
| **Magnetization Transfer** |  | **Susceptibility Weighted Imaging** |
| **MR Elastography** |  |  |
|  |  |  |
| **Other sequences, please specify:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Additional equipment or physiological monitoring? Please specify:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

**Protocol Details**

Please prepare a detailed description of the MRI protocol including estimated time for each MR sequence and total scan time per session. Please include details if any additional equipment is required, such as response boxes or physiological triggering units. If assistance is needed with this please contact [laura.barlow@ubc.ca](mailto:laura.barlow@ubc.ca)

|  |  |
| --- | --- |
| **Scan** | **Time** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

|  |
| --- |
| **Participant Characteristics** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Pilot Subjects** | **Controls** | **Patients** |
| **Number** |  |  |  |
| **Time points** |  |  |  |
| **Age Range** |  |  |  |
| **Cognitive Deficits**  (Please describe) |  |  |  |
| **Anticipated Mobility**  (indicate all that apply) | Mobile  Mild Assistance  Walking Support  Wheelchair | Mobile  Mild Assistance  Walking Support  Wheelchair | Mobile  Mild Assistance  Walking Support  Wheelchair |

|  |
| --- |
| **Data Analysis and Transfer** |

Does your study require data analysis provided by the MRI Centre?

Please detail data analysis needs below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your study require data transfer to central reader/uploader?

Please state company/analysis site or centre:

Does your study require a radiologist report?

|  |
| --- |
| **Funding** |

Funding Sources: ­­

Invoices paid via:  UBC account OR  external account

Is pilot scanner time required and why? For instance, do you require a dry run to test timing, time to develop an fMRI paradigm, or seed data for a grant application?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of PILOT hours requested (maximum 3 hours):

Is technical development time requested?For instance, will you require MR sequences which are currently not in use at the Centre?