

Protocol Proposal Form Frequently Asked Questions

1. MR Sequences Requested: if clarification is needed, please contact [laura.barlow@ubc.ca](mailto:laura.barlow@ubc.ca)
2. Ethics: If there is no current ethics certificate, please indicate “approval pending” and date of review.
3. Study Timeline, Requested time per MRI session:
   1. Please note that the time booked for MRI begins when the subject enters the room and the subject must exit the room by the end of time booked. The booking time must be adequate to include:
      * Participant preparation inside Zone 4 by the technologist including physical positioning of the participant and description of events that will occur during scanning.
      * Participant preparation inside Zone 4 by other study personnel including fMRI screen placement and MRI response device explanation to participant.
      * Verbal communication with the participant by the MRI technologist throughout the scanning procedure.
      * Removal of the participant from Zone 4 at the end of scanning.
   2. The activities described above require a 15 minute time period for participants who are reasonably mobile. Participant physical or cognitive limitations may extend this process and more time should be factored for this.
      * For a one hour booking, there should be a maximum protocol scan time of 45 minutes for a subject who is reasonably mobile.
   3. If the protocol includes fMRI task description between scans then there needs to be additional time considered for this.
      * An fMRI protocol with multiple tasks and a scan time of approximately 65 minutes can be booked in a 90 minute period.
   4. Scanning the same case back to back to save time:
      * Please note that the above described activities must be repeated for each participant; there is a time saving of only a few minutes when booking back to back and as such offers no time savings.
      * The exception to this is if a considerable piece of MR Conditional equipment must be set up (i.e. MRE or tDCS).
      * It may be convenient for labs to book back to back to streamline participant preparation outside of the scan room however.

1. Technical Development (no charge) and Pilot ($100/hr) time:
   1. Technical Development time is approved for developing MR methods which expand the capabilities of the MR scanner.
   2. The Protocol Proposal Committee will decide how Technical Development shall be carried out on a case by case basis.
   3. Pilot time at a reduced rate of $100/hr is awarded when scanner time is required for testing MR protocols and fMRI protocol paradigms, including a dry run prior to the start of a study. It may also be awarded for the generation of preliminary findings to use for funding applications. Pilot time is not used for technical development.
      * There is a maximum of 3 hours of pilot time.
2. Unexpected/Incidental Findings Scenario:
   1. The study Principal Investigator must have a procedure in place to address incidental/unexpected findings or justify why such procedure is not needed. The MRI sequences used, expected findings and population to be imaged needs to be considered.
   2. Examples:
      * “a study in healthy participants using task based fMRI and a 3DT1”.
        + Response: “We do not expect to observe any pathology in this cohort. If any pathology is seen during acquisition or analysis we will notify the UBC MRI Research Centre to begin its incidental finding workflow”
      * “a study in condition X where subjects are receiving medical care for condition X and likely will have had clinical MRI scans to assess this condition”.
        + Response: “If any unexpected/incidental findings are noted during data acquisition or analysis please start the incidental finding workflow. We have a medical doctor collaborator who can be contacted to arrange follow-up OR please contact the principal investigator who will then liaise with the subject’s medical caregiver.”
      * “a study in traumatic brain injury participants using 3DT1, susceptibility weighted imaging, 3D FLAIR and diffusion tensor imaging” OR “a study in condition X where we expect to find pathology and may not have had MRI scans as they are not routine for condition X” OR “a study in a vulnerable population who are likely to have pathology and may not have had MRI scans as there are barriers to them seeking medical treatment”.
        + Response: “We have a radiologist collaborator for our study. The scans will be reviewed eventually as a part of our study design. If there are any urgent appearing findings seen by MRI centre personnel they can email Dr. Smith at \_\_\_”.
      * “a clinical trial drug study in Alzheimer’s disease using 3DT1, T2, FLAIR and DWI”.
        + Response: “This study requires a radiologist safety report following each scan. The study wishes to engage the UBC MRI Research Centre’s Radiologist to this end. The principal investigator is a neurologist and can provide any necessary medical follow-up.”