Brain Imaging and Analysis Center  
Scientific Research Proposal

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| Full Study Title |  | | | | | | | | | | | | | |
| Suggested Calendar ID |  | | | | | | | | | | | | | |
| Investigator (PI) |  | | | | Email | | | |  | | | | | |
| Department |  | | | | Institution | | | |  | | | | | |
| Faculty Sponsor |  | | | | Email | | | |  | | | | | |
| Responsible Investigator (1) |  | | | | Email | | | |  | | | | | |
| Billing Contact |  | | | | Email | | | |  | | | | | |
| Experimenter(s) |  | | | | | | | | | | | | | |
| Scheduler(s) |  | | | | | | | | | | | | | |
| People with Data Access |  | | | | | | | | | | | | | |
| Funding source |  | | | | | | | | | | | | | |
| IRB or IACUC Registry # |  | | | | | | | | | | | | | |
| IRB or IACUC Expiration Date |  | | | | | | | | | | | | | |
| # of Hours requested  (until annual review) | BIAC6 (3.0T MR 750) |  | BIAC5 (3.0T MR 750) |  | | MOCK1 | |  | | **TEST1** | |  | DHN1 |  |
| MR Technologist needed? |  | | | | | | BIAC disk needed? | | | |  | | | |
| Other special requirements (e.g. scheduling, special equipment, etc.): | | | | | | | | | | | | | | |
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| *(This section will be completed by BIAC.)* | | | | | |
| Date Reviewed |  |  | Date Approved |  |  |
| Hours allocated |  |  | Expiration Date |  |  |
| Experiment ID |  |  | BIAC Disk Allocated |  |  |
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## Explanation of Terms:

* Investigator – individual involved in the oversight of scanner usage and/or billing. This individual will receive a copy of the scanner invoice.
* Responsible Investigator – person who holds the funding for the research (may be the same person as the Investigator). This individual will receive a copy of the scanner invoice.
* Experimenter – primary person(s) present during scanning; may be running the experiment or just accompanying the subject. This can be ***none*** if no one besides the MR tech will be there.
* Scheduler – person(s) with the ability to schedule scanner time; schedulers do not have data access.
* Data Access – person(s) with the level of access can access the data, but are unable to schedule scanner time.

## Please attach a short description of your proposed study (3 pages maximum). Be sure to address the following:

* Rationale and Scientific Significance
* Experimental Design
* Imaging Protocol
* Data Analysis

You may also supply optional appendix material if you wish (e.g., preliminary data, relevant publications, etc.). Please e-mail your proposal and your IRB "Notification of Approval" to: [research@biac.duke.edu](mailto:research@biac.duke.edu). Requests for pilot time should be directed via email to the center’s Director Allen Song [allen.song@duke.edu](mailto:allen.song@duke.edu) (please cc [research@biac.duke.edu](mailto:research@biac.duke.edu)). Requests should include a 2 page summary that outlines the specific aims, the submission timeline of the proposed grant application, justification for the need of BIAC sponsored scans, and a list of current and pending grants of the applicant (or the faculty sponsor). Each pilot study should request no more than 10 hours of free scanner time. The scan hours will be restricted to hours after 6 pm on Mondays, Tuesdays, and Wednesdays, and all day on Saturdays.