

fMRI Registration Form

This form has to be submitted and approved BEFORE the first measurement occurs. Please send a copy to:

- The Brain Imaging Facility: PD Dr. phil. Rea Rodriguez-Raecke (rrodriguez@ukaachen.de)

And the contact person of the MRI scanner(s) used:

- Psychiatry MRI: Max Röhl (mroehl@ukaachen.de)

and (when both scanners are used)/or

- Basement MRI: Prof. Dr. med. Ferdinand Binkofski (fbinkofski@ukaachen.de)

Note that all studies are to be presented in the Neuroimaging Colloquium hosted by the Brain Imaging Facility.

A. General Information

1. Head of project (include department):

2. Project title (include acronym, max 8 letters):

Nomenclature of the MR protocols used is coordinated with the BIF for BIDS conversion

3. Institute (select below):

- Uniklinik RWTH Aachen
- JARA Brain
- Other faculty of RWTH Aachen University
- External Study (specify):

4. Funding (select below):

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> DFG | Faculty funded: |
| <input type="checkbox"/> IRTG | <input type="checkbox"/> START |
| <input type="checkbox"/> BMBF | <input type="checkbox"/> IZKF |
| <input type="checkbox"/> Other (specify below): | <input type="checkbox"/> Rotation |

Consult the form "Request for reduction of MRI fees" if needed.

5. Anticipated number of measurements:

Healthy participants
n= X measurements. Session duration:

Patients
n= X measurements. Session duration:

Others (e.g. animals, phantoms; specify):

n= X measurements. Session duration:

Pilot measurements (not included above):

n=

6. Other methodology used in this study (select below):

- EEG PET TMS MEG

Other (specify):

Pharmacological Intervention (specify substance administered):

7. Equipment required (select below):

Contact the Brain Imaging Facility to ensure that the required equipment is setup and ready for use.

- Presentation PC
 BIOPAC PC
 MRI Monitor
 VisualSystem HD MRI goggles
 VisualSystem HD MRI goggles eye-tracker
 Eye-link eye tracker (Psychiatry MRI)
 Keypads
 OptoActive II active-noise-cancellation headphones
 BIOPAC (specify module used):

- Olfactometer
 Gustatometer
 Other (specify):

8. Project abstract:

9. Participating researchers, assistants, students, other personnel:

10. Contact person in case measurements must be cancelled or postponed:

11. External cooperation partners:

B. Study design

1. Inclusion/exclusion criteria healthy participants:

n.a.

2. Inclusion/exclusion criteria patients:

n.a.

3. Participation of at risk groups:

Elderly (>60)

Acute disease

Implants

Claustrophobia

Minors (specify age range):

Caregiver will be present:

Yes

No

Other (specify):

4. MD will be present on call

5. Types of stimuli presented:

Visual

Olfactory

Haptic

Auditory

Gustatory

Nociceptive

Other (specify):

6. Imaging design & anticipated analysis approach/software:

C. Technical details

(n.b. if necessary, further information should be provided on a separate sheet)

Please provide as much information regarding the setup and sequences as is possible. The parameters provided are informative and can be adjusted if needed. Contact the Brain Imaging Facility for questions and advice (bif@izkf.rwth-aachen.de).

1. Scanner(s) used:

- Psychiatry scanner
- Basement scanner

2. Coil(s) used:

- 20 channel head coil
- 32 channel head coil
- 64 channel head coil
- Other (specify):

3. Structural sequences:

Type / name:

Parameters:

TE = TR =

TA = Matrix size =

of slices = Flip angle =

GRAPPA factor = Resolution =

Other specifications of interest:

4. Functional sequences:

Type / name:

Parameters:

TE = TR =

TA = Matrix size =

of slices = Slice order =

Orientation = Resolution =

Flip angle = GRAPPA factor =

Multi-Band factor =

Other specifications of interest:

5. Diffusion sequences:

Type / name:

Parameters:

of shells = b-values =

of gradient directions = TE =

TR = TA =

Matrix size = # of slices =

Resolution = GRAPPA factor =

Sphere sampling =

Monopolar DWI

Bipolar DWI

Distortion correction:

Other specifications of interest:

6. Other sequences:

Type / name:

Parameters:

7. Measurements will be performed by:

MTRA

MTRA representative (e.g. investigator), specify qualification:

Brain Imaging Facility

Other (specify):

D. Ethical approval

The study was presented during the Neuroimaging Colloquium:

Presenter: Date:

The MRI research was presented to and approved by a qualified independent ethics committee (select below):

Ethics committee RWTH Aachen, Faculty of Medicine

Other committee (specify):

A copy of the ethics proposal and confirmation of its approval are attached to this application.

E. Signature

I have read, understood and agree to the "Gebührenordnung für Magnetresonanzstudien an Forschungsscannern der Medizinischen Fakultät der RWTH Aachen und der Uniklinik RWTH Aachen (UKA)"

Head of project:

Place/Date:

Signature:

ADDITIONAL INFORMATION:

INTERNAL USE, DO NOT WRITE BELOW

F. Approval

MRI project title:

Registration of the MRI project was approved by:
(Note that the approval is required from the technical head of each scanner used in the study)

Stempel

Prof. Dr. rer. soc. Ute Habel

Unterschrift: _____

Stempel

Prof Dr. med. Dr. rer. nat. Klaus Mathiak

Unterschrift: _____

And / or

Stempel

Prof Dr. med. Ferdinand Binkofski

Unterschrift: _____

Conditions, limitations or exceptions for approval: