# TTNI Project Request Form

Please email this document as an attachment to neuroimaging@ttu.edu. Completed requests can also be delivered via word file on a disc/jump drive to Room 151, Experimental Sciences Building, Texas Tech University. Please enter text inside the lines of the box below. You may change the length of any of the boxes comprising this document, but limit the project description to no more than two single-spaced pages. Please do not delete or change any of the box headings as this may prevent your submission from being reviewed by the TTNI advisory committee in a timely fashion.

*Note: If you are seeking a full scientific collaboration (i.e. Involving ongoing academic input about the design and implementation of your study from one or more scientists at TTNI), please discuss this with either Professor Eric Walden, Director of the Texas Tech Neuroimaging Institute or Kasey Rieken (TTNI) prior to submission of this form.*

By submitting a proposal, you are confirming that you have familiarized yourself with the safety information found on the TTNI website and that you agree to the terms and conditions of MRI access as outlined on this site. **Be aware that the mere submission of this project request does NOT automatically award you scanner time: The TTNI advisory committee will thoroughly review each proposal and only grant scanner access to projects that comply with TTNI safety policies, and exhibit sufficient scientific merit to warrant access to the equipment.**

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| Project Title: |
| Contact Details of PI (include telephone, department, college, and email address): |

Project description *(Please use **no more than two pages**, and structure as Aim, Hypotheses, Methods, Analysis and Significance)*:

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| Account Number (FOP number) for billing purposes (required before scanner access can be awarded): |
| Name of Co-PIs (and students, if involved): |
| Type of scans to be performed (e.g., BOLD, Spectroscopy, diffusion tensor, etc.) |
| Ancillary equipment or special needs for the requested project (*Note: specify here the details regarding any equipment or device you wish to bring to use in your study [e.g., projectors, response buttons, screens, medical equipment, etc.] Note that all equipment must be 3T MRI compatible):* |
| Number of subjects in the study: |
| MRI-time per subject: |
| Requested MRI-time per week: |
| Requested mock scanner time per week (*if applicable*): |
| Will you require TNI assistance with data analyses: |

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| Requested beginning (*date*) of MRI access: |
| Planned completion (*date*) of MRI access: |
| Do you have existing grant support to pay for scanner access? If so, which agency/ foundation? If not, what is the source of funding? |
| Approval by the TTU or TTUHSC ethics committee? Specify date of approval if available (*Note: while approval by the IRB is not required prior to submission of this proposal to TTNI, it will be required before scanning will be allowed to commence*): |
| Lay summary (*one paragraph*): |
| Do you have consent to this summary being included in a list of projects listed on the TTNI Internet site ( *Yes / No*): |
| Other relevant information: |
| Electronic Signature (*If you do not have an electronic signature, please type your name*): |
| Date: |
| *TTNI Approval* <br><br> Approved by & Date: |