***Initial Submission Questions/Information Requested Form***

This form allows us a better understanding of your project in order to evaluate its feasibility at NeuroSpin. We will designate a referent person to build your project with you and with our scientific and administrative experts.

***Project Title:……………***

|  |
| --- |
| **General information = Project synopsis**   * Scientific summary * Name & address of project leader and organization * Project timelines: (Start date, End Date and milestones) * Imaging needs: (type of imaging, length and number of slots requested)   **Specific information regarding imaging acquisition**   * **For a biomedical research protocol:**   + Name & address of Sponsor   + Do you need a physician from NeuroSpin (= platform physician)?   + (According to the French regulation each volunteer must be examined by a medical doctor before imaging scanning)   + Do you need that NeuroSpin take in charge healthy volunteer recruitment?   + Do you need the assistance of NeuroSpin to obtain the requested authorizations for your protocol from an ethical committee and from the French agency ANSM   + Do you need an access to a room dedicated to behavior testing before scanning? (If yes precise length and number of slots requested)   + Do you need plasma sampling?   + Imaging sequences requested?   + Do you need an assistance from NeuroSpin for data processing and image analysis * **For a preclinical study:**   + Research animal species(s) to be scanned?   + Number of research animals?   + Animal’s provider (Name and Address)?   + Animal model?   + Animal housing conditions at NeuroSpin if requested?   + Experimental condition requested (anesthesia, catheters, surgery, histology,..)   + Imaging sequence requested?   + Do you need an assistance from NeuroSpin for data processing and image analysis * **For an in vitro or ex vivo protocol**   + Sample to be scanned?   + Experimental conditions?   + Do you need an assistance from NeuroSpin for data processing and image analysis   **Specific information regarding data imaging analysis and treatment**   * Your request of data imaging analysis and treatment?   **Others information**   * **Other request**    + Informatics, office, * **Project financial support**    + Name and address of the organization that will support financially your project |