



Laboratories for Functional Neuroimaging (LNiF)

Research Project Proposal: Form A

Request for access to LNiF Labs to conduct a research project

DATE SUBMITTED

TYPE OF PROPOSAL

New proposal (<i>original request</i>)	<input type="checkbox"/>
Renewal proposal (<i>request for continued funding for ongoing sponsored project</i>)	<input type="checkbox"/>
Supplement (<i>request for additional funds for an ongoing sponsored project</i>)	<input type="checkbox"/>
Revision (<i>request for significant changes to an ongoing sponsored project, either a major change in the budget, or a change in the scope of work, or both</i>)	<input type="checkbox"/>
No-cost extension (<i>request to extend the period of performance of an ongoing sponsored project without additional money</i>)	<input type="checkbox"/>

PROJECT TITLE

PROJECT PRINCIPAL INVESTIGATOR

Name
position

INVOLVED LAB DIRECTOR

Name
position

CO-INVESTIGATORS WITHIN UNITN (*affiliation, position, email*)

EXTERNAL PARTNERS (*include everyone outside of CIMEC who will participate and needs access to CIMEC infrastructure*)

PROJECT PERIOD

Foreseen Start Date

Foreseen End Date:



NATURE OF STUDY: Pilot study Full study

ACCESS TO LABS/EQUIPMENT (please note that access to a lab requires acceptance of and compliance with lab policies)

Access to Labs for research is requested to:

LNiF CIMEC-Mattarello	4T MRI <input type="checkbox"/>	Behavioral/eye movement Lab <input type="checkbox"/>	TMS Lab <input type="checkbox"/>	MEG Lab <input type="checkbox"/>
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ESTIMATED USE OF REQUESTED LAB

Estimate of total hours required

Details: days per week hours per day weeks per month

VOLUNTEERS:

Estimated number of volunteers:

Volunteer health status:

Estimated number of hours needed per volunteer, per equipment:

For users of MRI Lab

Name one person in your group responsible for managing the experimental settings in the MR lab for this project.

Names of people who need MR Lab access, but who do not need to enter the magnet room (level I access)

Names of people who need to enter the magnet room for his project (level II access)

Names of people who need MR Safety Training

List needed equipment and/or software that is needed for the project and not available at the relevant laboratories (feel free to check it with Jorge Jovicich, Jens Schwarzbach or Paolo Ferrari)

FUNDS

Funds used (Fund's name and code)

If you ask for CIMEC's funds, please fill in the Form B.

Please note that, if the project is approved, you will be required to provide a progress report.

When complete, together with Form B if needed, please send to: valeria.nencini@unitn.it



Remind that:

in the form “INFORMATION AND CONSENT TO PERSONAL DATA PROCESSING” of the application sent to the Ethical Committee, you have to indicate both the PI of the project and prof. Jorge Jovicich (as the LNiF coordinator) as the responsible for the data processing.