|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: PROJECT DETAILS** | | | | | | |
|  | | | | | | |
| **Project Information** | | | | | | |
| **Nature of Project** | Technical Development without Humans  *(Complete sections* ***1 & 3****)* | Technical Development with Humans  *(Complete sections* ***1,2 & 3****)* | | | Clinical Investigation    *(Complete* ***ALL*** *sections)* | |
|  |  | | |  | |  |
| **Project Title** | | | | | | |
|  | | | | | | |
|  | | |  |  | |  |
| **Abstract** | | | | | | |
| *(Concisely describe the background, hypothesis and approach of the research proposal including its importance to science or medicine.)* | | | | | | |
| **Specific Aims** | | | | | | |
|  | | | | | | |
| **Scientific Significance** | | | | | | |
| *(e.g. how this project will bring new knowledge to medical imaging.)* | | | | | | |
| **Deliverables** | | | | | | |
|  | | | | | | |
| **Methods** | | | | | | |
| *(e.g. MR sequences, PET tracers being used, participant recruitment, statistical justification)* | | | | | | |
|  | | | | | | |
| **Additional Services** | | | | | | |
| *(e.g. nursing support, image Analysis, post processing, archival)* | | | | | | |

|  |  |
| --- | --- |
| **Ethics** | |
| Approved  NHG DSRB Ref.: Click here to enter text.  Start date: Click here to enter a date. End date: Click here to enter a date. | Not Approved |

|  |  |
| --- | --- |
| **Funding** | |
| Awarded  Agency/Source: Click here to enter text.  Start date: Click here to enter a date. End date: Click here to enter a date. | Not Awarded |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Details** | | | |
| **Period of Proposed Study** | Start Date*:*Click here to enter a date. End Date:Click here to enter a date. | | |
| **Number of Subjects** |  | **Number of Attendances Per Subject** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 2: HEALTH AND SAFETY** | | | | |
|  | | | |  |
|  | **No** | **Yes** | **If Yes, please specify:** | |
| **Any Special Considerations**  *(e.g. handling of hazardous, toxic or irritant chemicals, any potential discomfort or pain, fluid/diet restriction, invasive procedure, patient medical condition such as restricted mobility, etc.)* | No | Yes | Click here to enter text. | |
| **Infectious or immune-compromised Subjects** | No | Yes | *briefly state the type of infections and the safety precautions to be taken* | |
| **Contrast Agents** | No | Yes | *state the type of agent* | |
| **Radiopharmaceuticals** | No | Yes | *state the type of agent* | |
| **Other Drugs or Interventions** | No | Yes | *state the type* | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION 3: BIOGRAPHICAL DETAILS** | | | | | |
|  | | | | | |
| **Investigator Name** | **Role** | **Institute** | **Email Address** | **Phone** | **Signature/Date** |
| Click here to enter text. | **PI/Physician** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Please provide for each investigator a one-page bio-sketch including:

1. Name, current position and contact details
2. Educational background and positions held (in chronological order, recent first)
3. Relevant work/research experience (list selected ongoing or completed studies/projects)
4. Relevant peer-reviewed publications (in chronological order, recent first)

|  |  |
| --- | --- |
| Administration Contact | |
| Name | Click here to enter text. |
| Address | Click here to enter text. |
| Phone | Click here to enter text. |
| Email Address | Click here to enter text. |