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| **SECTION 1: PROJECT DETAILS** |
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| **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** |
| *Click here to edit* |
|  |  |  |  |
| **Abstract** |
| *Concisely describe the specific aims, hypotheses, methodology and approach of the research proposal including its importance to science or medicine or attach a separate document.)* |
| **Specific Aims** |
| *Concisely describe the wdasldkfja’specific aims, hypotheses, methodology and approach of the research proposal including its importance to science or medicine or attach a separate document.)* |
| **Scientific Significance** |
| *e.g how this project wil bring new knowledge to medical imaging* |
| **Deliverables** |
| *Click here to edit* |
| **Methods** |
| *(e.g participant recruitment site, target group, sameple size, effect size justifications)* |
| **MR Sequences**  |
| *(e.g Specify the sequences required with references)* |
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| **Additional Services** |
| *(e.g. image preprocessing and quality control, image analysis and post processing, mode of data transfer)* |

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| **Ethics** |
| Approved [ ] NHG DSRB/CIRB/other institution IRBs Ref.: Click here to enter text. Start date: Click here to enter a date. End date: Click here to enter a date.  | Not Approved [ ]  |

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| **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 [ ]  |

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| **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** | *Click here to edit* | **Number of Attendances Per Subject** | *Click here to edit* |

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| **SECTION 2: HEALTH AND SAFETY** |
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|  | **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 edit* |
| **Infectious or immune-compromised Subjects** | No [ ]   | Yes [ ]  | *briefly state the type of infections and the safety precautions to be taken* |
| **Contrast Agents** *(Rare)* | No [ ]   | Yes [ ]  | *state the type of agent* |
| **Other Drugs or Interventions** | No [ ]   | Yes [ ]  | *state the type* |

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| **SECTION 3: BIOGRAPHICAL DETAILS** |
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| **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.* |

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. Achievements (briefly state relevant overall goals attained so far)
5. Relevant peer-reviewed publications (in chronological order, recent first)

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| 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.* |

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| **FOR INTERNAL USE** |

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| **SCREENED BY IMAGING TEAM** |
| [ ] We have the technical ability to perform this study | **Signature (Head Radiographer):****Signature (Deputy Director, Imaging):** |
| **DECISION BY TMR SCIENTIFIC COMMITTEE**  |
| [ ]  **Approved**[ ]  **Not Approved** | **Signature (by Chair Only):** |
| **Project Code (if approved):** |