|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | |
| *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)* | | | | | | |
|  | | | | | | |
| **Additional Services** | | | | | | |
| *(e.g. image preprocessing and quality control, image analysis and post processing, mode of data transfer)* | | | | | | |

|  |  |
| --- | --- |
| **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 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 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* | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.* |

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)

|  |  |
| --- | --- |
| 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.* |

|  |
| --- |
| **FOR INTERNAL USE** |

|  |  |
| --- | --- |
| **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):** | |