**APPLICATION FOR CISC APPROVAL**

**INSTRUCTIONS**

* Please e-mail a signed electronic version of the completed proposal form to: p.butler@bsms.ac.uk
* Please send a signed paper copy of the project proposal form to: Pat Butler, Clinical Imaging Sciences Centre (CISC), BSMS, University of Sussex, Falmer, Brighton BN1 9RR
* Contact Petar Raykov p.raykov@sussex.ac.uk / Balazs Orzsik b.orzsik@sussex.ac.uk to book your space at the Imaging Research Meeting for scientific / methodological feedback and/or project approval.

**PLEASE NOTE:** To use the facilities at CISC, and in addition to the CISC approval, your project must have gained approval from the BSMS Research Governance & Ethics Committee (RGEC – Contact c.e.brooks@bsms.ac.uk for more information).

If your study also involves patients, ethical approval must also be sought from the National Research Ethics Service (NRES) using the Integrated Research Application System (IRAS). In some cases administering substances to healthy volunteers may also require approval from NRES - if you are in doubt please contact the NRES helpline: queries@nres.nhs.uk

<http://www.nres.npsa.nhs.uk/>

<https://www.myresearchproject.org.uk/>

<https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/>

**Please tick the box if you do not want your project title to be made public** **[ ]**

**Project Title:**

Chief Investigator:

GMC Reg’d. [ ]

Contact details:

Co-Investigator:

GMC Reg’d. [ ]

Contact details:

Researcher:

GMC Reg’d. [ ]

Contact details:

Imaging Advisor:

GMC Reg’d. [ ]

Contact details:

**Resources to be used**

1.5T MRI  [ ]  3T MRI [ ]  PET / CT [ ]  CT [ ]  **Contrast Agent**: MRI [ ]  CT [ ]

**Ancillary Equipment:**

Visual Stimuli (MRI) [ ]  Auditory Stimuli (MRI) [ ]  Response Pad (MRI) [ ]  Cardiac Gating [ ]

Respiratory Gating [ ]

Eye Tracker (3T MRI only) [ ]  BIOPAC (3T only): GSR [ ]  ECG [ ]

Other - please specify [ ]  Medical Cover [ ]  Additional purchase required – [ ]  Please specify:

(Contact Samira Bouyagoub (s.bouyagoub@bsms.ac.uk) in advance to discuss project requirements)

**Will this project be Portfolio adopted? Yes** [ ]  **No** [ ]

**Use of MRI Scans for Secondary Research Purposes:**

If testing healthy volunteers using MRI (T1, DTI, Resting State), will participants be invited to contribute to the BrainShare database? Yes [ ]  No [ ]  **Note**: this will also need to be specified in the ethics proposal, see [www.sussex.ac.uk/psychology/brainshare](http://www.sussex.ac.uk/psychology/brainshare) )

**Proposed start date**:

**Date Booked for Imaging Research Meeting:**

(Please contact: Petar Raykov p.raykov@sussex.ac.uk / Balazs Orzsik b.orzsik@sussex.ac.uk to book)

|  |
| --- |
| **The aim / hypothesis of the project:** |

|  |
| --- |
| **Background information – please include your references** |

|  |
| --- |
| **Proposed source of funding (please give pFACT number )** |

|  |
| --- |
| **Research plan to include:** * **the type of imaging you require**
* **why you wish to use the fMRI equipment (if appropriate)**
* **the duration of the study, over what time period**
* **the number of participants; number of scans required; duration of each scan etc.**
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| --- |
| **Method for dissemination of results** |

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| --- |
| **Please specify the type of study for example, healthy volunteers, phantom studies, patients etc.**  |

**Governance**

Click on ‘Choose an item’ and then the downward arrow and choose – NB. This functionality works in docx mode only

**BSMS RGEC** (Research Governance & Ethics Committee): Choose an item.

**ETHICS (HRA) APPROVAL**  Choose an item.

**Please specify which Ethics board:**

**ARSAC** (for PET) Choose an item.

**IR(ME)R** (for CT) Choose an item.

**Signed …………………….……………………………………… Date …………………………………..**

**(Chief Investigator)**

**Print name …………………………………………………………………………………………………….**

**Please return to the Clinical Imaging Sciences Centre, University of Sussex, Falmer, Brighton**

**BN1 9RR or by email to** **p.butler@bsms.ac.uk****.**

**Any queries should be sent by email to** **p.butler@bsms.ac.uk**

**Tel: 01273 876768 Fax: 01273 876721**

**Decision of the Imaging Research Meeting**

**Approve**

**More information needed**

**Reject**

**Comments …………………………………………………………………………………………………….**

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**…………………………………………………………………………………………………………………..**

**Signed ………………………………………………………… Date …………………………………….**

**(Chair)**