***Initial Submission Questions/Information Requested Form***

This form allows us a better understanding of your project in order to evaluate its feasibility at NeuroSpin. We will designate a referent person to build your project with you and with our scientific and administrative experts.

***Project Title:……………***

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| **General information = Project synopsis*** Scientific summary
* Name & address of project leader and organization
* Project timelines: (Start date, End Date and milestones)
* Imaging needs: (type of imaging, length and number of slots requested)

**Specific information regarding imaging acquisition*** **For a biomedical research protocol:**
	+ Name & address of Sponsor
	+ Do you need a physician from NeuroSpin (= platform physician)?
	+ (According to the French regulation each volunteer must be examined by a medical doctor before imaging scanning)
	+ Do you need that NeuroSpin take in charge healthy volunteer recruitment?
	+ Do you need the assistance of NeuroSpin to obtain the requested authorizations for your protocol from an ethical committee and from the French agency ANSM
	+ Do you need an access to a room dedicated to behavior testing before scanning? (If yes precise length and number of slots requested)
	+ Do you need plasma sampling?
	+ Imaging sequences requested?
	+ Do you need an assistance from NeuroSpin for data processing and image analysis
* **For a preclinical study:**
	+ Research animal species(s) to be scanned?
	+ Number of research animals?
	+ Animal’s provider (Name and Address)?
	+ Animal model?
	+ Animal housing conditions at NeuroSpin if requested?
	+ Experimental condition requested (anesthesia, catheters, surgery, histology,..)
	+ Imaging sequence requested?
	+ Do you need an assistance from NeuroSpin for data processing and image analysis
* **For an in vitro or ex vivo protocol**
	+ Sample to be scanned?
	+ Experimental conditions?
	+ Do you need an assistance from NeuroSpin for data processing and image analysis

**Specific information regarding data imaging analysis and treatment*** Your request of data imaging analysis and treatment?

**Others information*** **Other request**
	+ Informatics, office,
* **Project financial support**
	+ Name and address of the organization that will support financially your project
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