

# F.M. Kirby Research Center for Functional Brain Imaging Protocol Submission Packet

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2. Resource Utilization Form (1 page)
3. Abstract of Proposed Research (2 pages)

## Instructions

**Please submit a signed original** and two sets of copies of the two forms (Resource Utilization Form and Abstract of Proposed Research) and all relevant attachments (e.g., JCCI consent form and letter-of-approval) to the F.M. Kirby Research Center, for review by our Protocol Review Committee (PRC). Questions can be directed to the PRC, Center Manager, or Administrative Coordinator.

**The Protocol Review Committee** holds overall responsibility for utilization of the Center's resources. The PRC considers protocols in terms of: safety and benefit/cost ratio, which includes consideration of scientific merit.

**Deadlines:** PRC Meetings are held monthly, usually on the second Monday of the month. Protocols must be submitted two weeks prior to PRC meetings. A schedule of meetings is available from the KRCFBI Administrative Coordinator. Protocols submitted after a deadline will automatically be scheduled for the next meeting.

**Review Process:** Following review, each protocol will be considered: (a) approved; (b) approved pending revisions; (c) disapproved; or (d) deferred. Protocols approved pending revision must be resubmitted to the Chair of the PRC, who may approve the revisions without convening the entire PRC. Deferred protocols must be resubmitted to the committee with additional information appended.

**Investigator Participation:** Investigators may be invited to clarify their protocol to the PRC. Their presence is not required unless requested for PRC meetings.

## Please note:

1. Investigators should make the protocol title as detailed as possible so that it clearly specifies area being investigated (e.g., "fMRI of Language" may not be very helpful).
2. The Abstract should clearly and concisely describe Aims & Hypotheses, Background & Significance, and Experimental Plan, and include sufficient detail to allow evaluation of scientific merit.
3. Any materials or equipment that an investigator proposes to take into the scanner room must be described in an attachment to the Resource Utilization Form, and approved by the Center Safety Officer prior to usage.
4. Following approval by the PRC, investigators may submit requests for system time; time will be allotted for use of the scanner, depending on the availability of resources.
5. It is the responsibility of investigators to follow strictly all guidelines established for conducting research in the KRCFBI, including the maintenance of logs for all systems, and the filing of screening forms, informed consent forms and exit questionnaires where applicable for human participants.

**Appeal Process:** An investigator wishing to contest a decision by the PRC may submit a written appeal and/or request for review of the decision to the Executive Committee.

**Annual Review:** Investigators of approved protocols are required to submit an annual report indicating the year-end status of the protocol, or upon completion of the protocols. This will be a short report including a list of manuscripts, grants, and subjects stated as part of the protocol.

**Acknowledgement** in manuscripts of use of the KRCFBI is appreciated.

**F.M. Kirby Research Center for Functional Brain Imaging  
Resource Utilization Form**

1. **Protocol Title:** .....
2. **Submission Date:** .....
3. **Principal Investigator:** .....  
**Office Address:** .....  
**Contact Info:** Phone.....Fax.....Email.....
4. **Study Type:** fMRI Anatomy Spectroscopy Diffusion Other.....  
(Circle as many as appropriate. If other, specify.)
5. **Sequences:** .....
6. **Will Kirby Center technologists perform the scans?** Y N  
**Operator:** ..... (Circle one. If no, list certified system operator(s) at left.)
7. **Subjects:** Human Animal  
(Circle one. If Human, attach IRB approval letter & consent form; if Animal, attach ACUC approval letter.)
8. **Will services of the KKI Anatomical Image Analysis lab be used?** Y N  
(Circle one. If yes, attach completed Data Acquisition Priority Form, signed by director of that lab.)
9. **Will sedation services be required?** Y N  
(Circle one. If yes, attach Request for Pediatric Sedation Form with Physician information.)
10. **Will the mock scanner be required?** Y N  
**Number of sessions:**..... (Circle one. If yes, indicate number of mock sessions at left.)
11. **Will other Kirby Center equipment be required?** Y N  
**Description:** ..... (Circle one. If yes, describe at left.)
12. **Will other equipment be required?** Y N  
(Circle one. If yes, attach description and seek approval from center's Safety Officer.)
13. **For Each Scanner** 1.5 Tesla 3.0 Tesla  
**Requested Start Date:** .....  
**Number of Sessions Requested:** .....  
**Duration of Each Session:** ..... (Specify in hours.)
14. **Funding Source:** .....  
**Budget Number:** .....  
(If unfunded, limited support may be provided by the center; attach a letter requesting such support.)
15. **Collaborators:**  
(Each collaborator must initial to indicate approval of this form and the abstract of proposed research.)

Name	Initials
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.....	.....
.....	.....
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.....	.....
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**Signature of P.I.** ..... **Date**.....

**F.M. Kirby Research Center for Functional Brain Imaging  
Abstract of Proposed Research: Page 1 of 2**

**Protocol Title:** .....

**Principal Investigator:** .....

Please use this page to summarize Aims/Hypotheses and Background/Significance. Please provide enough information on scientific logic to allow evaluation of scientific merit.

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Abstract of Proposed Research: Page 2 of 2

**Protocol Title:** .....

**Principal Investigator:** .....

Please use this page to summarize the Research Plan. Please provide enough information on scientific logic to allow evaluation of scientific merit.

**Signature:** ..... **Date:** .....

**Name** (Please Print) : ..... **Affiliation:** .....