**Dartmouth Brain Imaging Center (DBIC) – PHASE 1B PROTOCOL APPROVAL REQUEST FORM**

**(for new and existing applications)**

Please submit the following documents, along with your completed DBIC protocol form, to courtney.rogers@dartmouth.edu

* CPHS approved protocol
* CPHS approved consent form
* Supplemental description of experimental design (see page 2)

**PHASE 1B protocol information**

*If this is an application to conduct human subjects research on an* ***existing*** *DBIC protocol application during Phase 1B, please provide the following information (which you can find in your original DBIC application approval).*

DBIC protocol number:

Study Title:

Experiment Title:

*If this is a* ***new*** *DBIC application to conduct human subjects research during Phase 1B, please provide the following information.*

Study Title:

Experiment Title:

**PI information**

Lab Director (PBS faculty member)

 Campus Address:

 Phone Number:

Lead investigator (if non-PBS or non-Dartmouth PI):

 Address:

 Phone Number:

**Research personnel (please list anyone who will be present while conducting scans – e.g. study coordinator, lab manager, graduate students, post-docs, RAs). Undergraduate staff members are not allowed in the DBIC during Phase 1B.**

**CPHS information**

CPHS approval number:

CPHS Expiration Date:

* Has Courtney Rogers been made a study team member and proxy?
* Have all researchers completed IRB education?
* Have all researchers been added to the IRB protocol being used for this study?
* Has a modification to conduct research during Phase 1B been reviewed and approved by the CPHS?

**Protocol details**

Resources requested:

Number of sessions per subject:

Number of subjects:

Scans per session (Type and number of scans):

Expected duration of each imaging session:

Total Scanning Hours Requested:

Time of day (Monday-Friday 8am-4pm or after-hours):

Who is trained and certified to do the after-hours imaging?

Have all investigators completed DBIC’s Phase 1B COVID-19 training?

**Supplemental description of experiment design:**

**REQUIRED SIGNATURES**

**Please verify that all members of the research team understand and agree to abide by the policies in place for DBIC’s phase 1B reopening. By signing this document, research team members are agreeing that they will not conduct research involving participants outside of DBIC-affiliated labs, that they will not involve undergraduate members as participants or research staff, and that they will follow all DBIC policies and procedures for ensuring the safety and health of our community. Any breach of this will result in loss of access to the DBIC.**

**Signatures / date:**

**Protocol funding (please check all that apply):**

***IMPORTANT: Scanning charges must be billed first to extramural grants, if available. DOF subsidies will be billed only after grant funds designated for scanning have been spent.***

[] This study is funded by an extramural grant administered by Dartmouth College

Funding Agency:

PI and grant number:

Annual direct funds:

Account to bill:

I authorize Dartmouth Brain Imaging Center to bill directly the above account using electronic accounting.

[ ] This study is funded by another institution

Name and Address of contact to bill studies:

[] This study is supported by startup or other commitments from the Dean of Arts & Sciences

 Name for startup account:

[ ] This study is for doctoral dissertation research (please submit form signed by dissertation committee) (separate DBIC protocol is required for each dissertation study)

Name of student:

Name of adviser:

[ ] I am requesting Dartmouth College to subsidize this research as a pilot project ***(maxiumum 10 hours)***

***If subsidized by Dartmouth, describe plans for obtaining future extramural funding:***

For DBIC use only:

Scan Cost:

Number of Scan Hours approved:

Approval date:

Review Date:

Renewal Date: