**Dartmouth Brain Imaging Center (DBIC) - PHASE 1A Protocol Approval Request Form**

**(for new and existing applications)**

Please submit your completed DBIC protocol form to courtney.rogers@dartmouth.edu

**PHASE 1A protocol information**

*If this is an application is to conduct* ***non-human subjects*** *research on an* ***existing*** *DBIC protocol application during Phase 1A, 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 an application to conduct* ***non-human subjects*** *research for a* ***new*** *DBIC protocol 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, full-time, non-undergraduate RAs). Undergraduate staff members are not allowed in the DBIC during Phase 1A.**

**Protocol details**

***Responses are required for each of the fields below.***

Resources requested:

Time of day (Monday-Friday 8am-4pm or Monday-Friday, 4-6pm:

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

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

If not, have all investigators scheduled DBIC’s Phase1A COVID-19 training?

**Please provide a brief description of how you will use your time in the DBIC (e.g equipment testing, phantom testing):**

**Please verify that all members of the research team agree to abide by the policies in place for DBIC’s phase 1 reopening. By signing this document, research team members are agreeing that they will not conduct research involving human subjects, nor will they put a human into the scanner for any other reason during the Phase 1A reopening.**

**Signatures / date:**

For DBIC use only:

Scan Cost:

Number of Scan Hours approved:

Approval date:

Review Date: