# CUBRIC Study Launch Form

This form must be completed **after** your project funding has been secured but **before** a project/study commences at CUBRIC.

The purpose of the form is to obtain more detail of your project to ensure CUBRIC is able to allocate sufficient resources to your project and to consider all the necessary H&S aspects. The form is reviewed by CUBRIC technical and support staff.

If this project ***has*** been approved via the CUBRIC EOI process, then please complete **Section A** and **Section B**.

If this project ***has not*** been approved via the CUBRIC EOI process, then please complete **Section A** and **Section C**.

Please allow 4 weeks review period of the kick off form.

# Section A

All projects must complete this section

|  |  |
| --- | --- |
| Funding/grant code (for invoicing purposes): |  |
| PSYCH Ethics Approval Number: |  |
| PSYCH Risk Assessment Number: |  |
| PI has agreed and signed the Training Matrix |  |
| NHS R&D Approval (Clinical projects only): |  |

## Project Period

Scan/testing start date:

Scan/testing end date:

# Section B

Please *only* complete this section if you have previously completed an Expression of Interest form (EOI)

|  |  |
| --- | --- |
| B.1 EOI Number/Date |  |

## B.2 Changes from EOI form

You are required to review the approved Expression of interest form associated to your project. Please note below if **any** information has changed, clearly noting the number on the approved EOI that has changed (e.g. allocated funding, number of scans required, changes in staffing). If there is a significant deviation you are required to reissue a new EOI. *You can obtain your original EOI by contacting the admin team (*[*CUBRIC@cardiff.ac.uk*](mailto:Cubric@cardiff.ac.uk) *)*

## B.3 Please provide details of Service Level Agreements in place to cover the project (Clinical and Commercial projects only)

## B.4 Contact details: Who is the main point of contact for the project?

# Section C

Please complete this section if your project ***has not*** been approved via the EOI process.

## C.1 Details of total scanning and testing requirements for this project

This should include time required to set-up participant (e.g. screening) as well as time required for data collection.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Total number of sessions** | **Session duration (hours)\*** | **Total hours required** | **Estimated hours per month** |
| **IMAGING** |  |  |  |  |
| **EEG** |  |  |  |  |
| **MEG** |  |  |  |  |
| **MRI - 3T Prisma (East/West)** |  |  |  |  |
| **MRI - 7T** |  |  |  |  |
| **MRI -**  **Microstructure** |  |  |  |  |
| **MRI - Mock**  **Scanner (ZT)** |  |  |  |  |
| **TES** |  |  |  |  |
| **TMS** |  |  |  |  |
| **LABS** |  |  |  |  |
| **Behavioural**  **Testing Lab** |  |  |  |  |
| **Clinical Research Facility** |  |  |  |  |
| **Consultation**  **Rooms** |  |  |  |  |
| **Physiology Lab (Exercise)** |  |  |  |  |
| **Sleep Labs**  **(Research)** |  |  |  |  |
| **Sleep Labs**  **(Clinical)** |  |  |  |  |
| **Workshop** |  |  |  |  |
| **COMPUTING** |  |  |  |  |
| **IT: External Datasets (e.g. BioBank data)** |  |  |  |  |

*\* Bookings can only be made in multiples of 1/2 hour.*

*Note: if using simultaneous modalities please only list the lab where the experiments will take place and use the 'Additional Equipment' section for the second modality (e.g. if performing EEG-MRI, note the use of the MR labs above and EEG in the additional equipment section)*

## C.2 Brain stimulation systems and coils

|  |  |
| --- | --- |
| TMS: Magstim BiStim |  |
| TMS: Magstim Rapid 2 |  |
| TMS: Brainsight TMS Navigation |  |
| TES: NeuroConn DC-Stimulator Plus |  |
| TES: NeuroConn DC-Stimulator Plus (MR compatible) |  |
| Double 70mm Alpha Coil |  |
| 50mm Alpha Coil Flat Range (coated) |  |
| Single 90mm Coil |  |
| MR compatible Coil |  |
| EMG Kit (situated in the Brain Stimulation Labs) |  |

## C.3 Data Acquisition Protocols

Provide details of the MR/MEG/TMS/EEG acquisition protocols to be used in the project. *Please contact the Modality Lab Manager if you need help completing this section.*

## C.4 Additional equipment

Provide details of any additional equipment required for the operation of the study. For example: stimulus delivery, physiological monitoring, eyetracking, motion tracking, field cameras, QuaeroSys, simultaneous EEG-MRI or TMS-MRI.

### **C.5 Analysis**

Please list the analysis pipeline you are planning to run on the data (e.g. BOLD fMRI analysis, McDespot, qMT, NODDI, CHARMED, resting state fMRI, beam formers). List any separate analyses needed.

**2.6 Timing Requirements**

Does the study have any specific timing requirements? For example, out of hours/weekend scanning, coordinating MRI and MEG scan times or critical scan timing for pharmacological studies?

**C.7 CUBRIC Core Staff**

What research support will you require to complete this project (e.g. MR operator cover, research nurse, technical support staff, analysis support)

## C.8 Project Team

Please identify your project team (name of researcher, school, institution etc). Please identify if your team require desk space.

## C.9 Drugs and contrast agents

If this project will involve the administration of drugs or contrast agents please give details below.

## C.8 Tissue samples

If this project will involve collecting tissue samples from participants e.g. blood or saliva please give details below. What will be collected and where will the samples be processed and stored?

## C.9 Health and Safety

If this project proposes to involve any chemicals e.g., Isopropyl alcohol, please give details below. What do you propose will be used?Please contact CUBRIC H&S officer, Bruce Barnes ([BarnesB1@cardiff.ac.uk](mailto:BarnesB1@cardiff.ac.uk)) to ensure the correct permissions are in place before your study commences and a full risk assessment and COSHH assessment has been completed.

## C.10 High-performance computing and storage of collected data

Please state if you will require special IT resources within CUBRIC, including access to our high-performance computing cluster. You should also estimate how much data storage you will require. Please contact CUBRICIT@cardiff.ac.uk if you require further information.

### **C.11 External datasets**

Please name any external dataset (e.g. Human Connectome, ADNI, BioBank) that you would need access to, and its estimated storage size.

### **C.12 Data sharing**

We need to comply with Cardiff University's Information Security policies (http://sites.cardiff.ac.uk/isf/) you must ensure that the appropriate data sharing agreements are in place with any institutions outside Cardiff University prior to the sharing of data. Note that this process can take several months.

Please state if your project involves sharing data with other sites whether in academia, with the NHS or with commercial companies. Please describe if your data will be made publicly available and under which framework (if known).