## Date:

# 1: Project Specification

## Applicant\*

## 1.1 Title

**Short descriptive name for the project.**

## 1.2 Study summary

Provide **brief** details of the scientific background (no more than 300 words) including background, aims, hypotheses and experimental design:

Provide brief details of the scientific background (no more than 300 words) including background, aims, hypotheses and experimental design.

## 1.3 Principal Investigator

(At least one principal investigator is required)

Name:

School/Institution:

Position:

E-mail address:

Telephone number:

**1.4a Second Investigator/Supervisor**

(At least one investigator or supervisor is required)

Name:

School/Institution:

Email address:

Telephone number

**1.4b Third Investigator/Supervisor**

(if applicable, add more as required)

Name:

School/Institution:

Email address:

Telephone number

## 1.5 Charging details for this project

Will the scanning costs for this project be covered by;

1. Existing grant funding [ ]
2. New grant application [ ]
3. Commercial funding [ ]
4. Other funding source [ ]
5. No funding available [ ]
6. PSYCH PhD student funding [ ]

If applicable (Options 1-4 above), please specify the grant/funding body or bodies relevant to this project.

Has funding already been awarded? Yes [ ]  No [ ]

If funding has been awarded, please provide a Cardiff University grant code and the name of the PI.

*Grant code:*

*Grant PI:*

Will costs be charged at the standard rate? Yes [ ]  No [ ]

For information about current rates please contact Zainab Hassan (CUBRICEOI@cardiff.ac.uk).

If there are insufficient funds available to pay CUBRIC scanning costs, please justify this here and detail what future grant applications, including deadlines, you intend to apply for following on from this study.

# 2: CUBRIC Resources

## 2.1 CUBRIC Facilities

This should include time required to set-up participant (e.g. screening) as well as time required for data collection. Bookings can only be made in multiples of 1/2 (0.5) hour.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Total number of sessions** | **Session duration (hours)\*** | **Total hours required** | **Estimated hours per month** |
| **IMAGING** |  |  |  |  |
| **EEG** |  |  |  |  |
| **MEG** |  |  |  |  |
| **OPM** |  |  |  |  |
| **MRI - 3T Prisma (East/West)** |  |  |  |  |
| **MRI - 7T** |  |  |  |  |
| **MRI -** **Microstructure** |  |  |  |  |
| **MRI - Mock** **Scanner (ZT)** |  |  |  |  |
| **TES** |  |  |  |  |
| **TMS** |  |  |  |  |
| **LABS** |  |  |  |  |
| **Behavioural** **Testing Lab** |  |  |  |  |
| **Clinical Research Facility** |  |  |  |  |
| **Consultation** **Rooms** |  |  |  |  |
| **Clinical Wet Lab (East Wing)** |  |  |  |  |
| **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 that the number of hours approved for this EOI is the booked lab time, not the data acquisition time. Therefore, the booked time will have to include all data acquisition and any equipment or participant setup time required (e.g. patient positioning, gas equipment setup, EEG-fmri setup, etc.).*

*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)*

**Facilities Comments**

Use this section to further explain facilities usage (optional) or to reply to review feedback.

## 2.2 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.*

## 2.3 Additional equipment

 CuST Kit

 Eye Tracking

 Field Cameras

 Motion Tracking

 Physiological Monitoring

 QuaeroSys

 Simultaneous EEG-MRI

 Simultaneous TMS-MRI

 Stimulus Delivery

 No additional equipment required

Details/Other 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.

## 2.4 CUBRIC Core Staff

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

## 2.5 Drugs and contrast agents

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

## 2.6 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?

## 2.7 External datasets

Please name any external dataset (e.g. Human Connectome, ADNI, BioBank) that you would need access to, and specify the confidentiality level of the data (e.g. C1, C2).

## 2.8a Data sharing

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).

**2.8b Data sharing tier(s)\***

 None

 Tier A

 Tier B

 Tier C

 Tier D

Please select the methods of data sharing/collection this project will use (if any). Please email cubriceoi@cardiff.ac.uk for more information.

## 2.9 Data curator

The main person responsible for managing/handling the project's data, if any.

# 3: Project Planning

## 3.1 What are the estimated start and end dates for this project?

Start Date:

End Date:

## 3.2 Project Staff

Please list any project staff that will be used on the project (e.g. postdocs, PhD students, etc.). Also state if they will require desk space within CUBRIC.

Note: Please ensure that you have adequate funding in place for any staff listed on this project (e.g. travel, conference fees, IT equipment, participant costs, consumables, page submission costs).

## 3.3 External partners

Please indicate if there any partners involved in the project external to Cardiff University (e.g. collaborators at other Universities, NHS, commercial entities) and what access and interest they will have in MR scanner software and data produced by the project.