# C:\Users\c1457426\Desktop\cubric-logo-120.png

# CUBRIC Expression of Interest For Clinical/Commercial Studies

## Date:

# 1: Project Specification

## 1.1 Title

## 1.2 Applicant/Principal Investigator

Name:

School/Institution:

Position:

E-mail address:

Telephone number:

## 1.3 Additional investigators (including C.I)

(*if applicable, add more as required)*

Name:

School/Institution:

Email address:

Telephone number:

**1.4 Sponsor**

Name:

Address:

Contact details:

## 1.5 CRO (if applicable)

Name:

Address:

Contact details:

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

Start Date:

End Date:

## 1.7 Study synopsis

Provide details of the proposed study including background, aims, hypotheses, experimental design, number and frequency of scans required, and number of patients proposed at this site:

**1.8 Phase of Study**

**Phase I Phase II Phase III Phase IV Other**

**If other, please give details:**

**1.9 Charging details for this project**

Will the scanning costs for this project be covered by;

Existing grant funding (e.g. WTSA)

New grant application

PSYCH PhD student funding

Commercial funding

Other funding source

No funding available

Please provide further details on funding source below. If applicable, please specify which grant awarding body (or bodies) are being approached in relation to this project.

# 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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** |  |  |  |  |
| **IF MRI is requested, please define imaging requirements and frequency** |  | | | |
| **MRI - Mock**  **Scanner (ZT)** |  |  |  |  |
| **TES** |  |  |  |  |
| **TMS** |  |  |  |  |
| **LABS** |  |  |  |  |
| **Behavioural**  **Testing Lab** |  |  |  |  |
| **Clinical Research Facility** |  |  |  |  |
| **Wet Labs** |  |  |  |  |
| **Consultation**  **Rooms** |  |  |  |  |
| **Physiology Lab (Exercise)** |  |  |  |  |
| **Sleep Labs**  **(Research)** |  |  |  |  |
| **Sleep Labs**  **(Clinical)** |  |  |  |  |
| **Wet Lab** |  |  |  |  |
| **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)*

If MRI is requested from CUBRIC, please answer the following questions:

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Details (if applicable)** |
| **Qualification of Scanner Required?** |  |  |
| **Imaging Manual provided?** |  |  |
| **Local Radiologist Reporting for Study Research Elements?** |  |  |
| **Local radiologist Reporting for Incidental Findings?** |  |  |
| **Radiologist Identified?** |  |  |

## 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

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 including route, storage requirements, monitoring periods required, etc.

## 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).

## 2.8 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).

# 3: Project Planning

## 3.1 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).