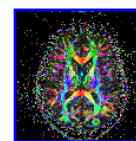


University of Iowa MRI Research Facility
Research Protocol Form
319-335-8706



<https://mri.radiology.uiowa.edu/forms.html>

Researcher: _____

Scanner (circle): **Shared 3T Skyra (MRI)** / **Research 3T (MERF)** / **Research Avanto 1.5T** / **Research 7T (PBDB)**

Project Name: _____

Date & Time: _____

STUDY INFORMATION (Please complete this section as you would like the information entered into the scanner.)

Subject ID (required): _____

First Name or Study ID (required): _____

Last name or Study ID (required): _____

Patient Weight (lbs, required): _____ Patient Date of Birth (required): _____

Patient Height (feet/inches, required): _____

ARCHIVE / TRANSFER INFORMATION

Transfer Destination 1: **Every study will automatically be sent to MR PACS & XNAT**

*** XNAT Image Site: <https://rpacs.icts.uiowa.edu/xnat> ***

CD / DVD Requested? (Please circle): **Yes** / **No**

FACILITY RESOURCES

_____ Projector & Screen

_____ Audio & Video: Music / Video

_____ Response Device: Fdad / 5 button BRU (Right / Left / Bilateral)

_____ Fmri Stimulus: E-Prime / Presentation / Matlab / Other _____

_____ Coil: Head / Knee / Wrist / Body Array / Other _____

_____ Headphones / Earplugs / Mini Muffs

_____ Fish Oil Capsule

_____ Physiological Monitoring (Research 3T only): PPG / Respiratory / GSR / Pulse Ox / CO2

_____ Additional Request: _____