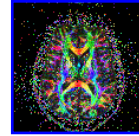


University of Iowa MRI Research Facility
Research Protocol Form

319-335-8706



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

STUDY INFORMATION

Researcher: _____

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

Project Name: (*required*) _____

Date & Time (*required*) _____

Subject ID: (*required*) _____

Patient Weight (*required*): _____ Year of Birth (*required*): _____

ARCHIVE / TRANSFER INFORMATION

Transfer Destination: **Every study will automatically be sent to XNAT & MRPACS**

*** XNAT Image Site: <https://rpacs.iibi.uiowa.edu/xnat/app/template/Login.vm> ***

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: 3T-48 Ch Head / 3T-32 Ch Head / 7T-2 Ch / 7T-8Ch / 7T- 31^P/ Other _____
- _____ Headphones / Earplugs / Mini Muffs
- _____ Fish Oil Capsule
- _____ Physiological Monitoring: PPG / Respiratory / GSR / Pulse Ox / CO2
- _____ Additional Request: _____