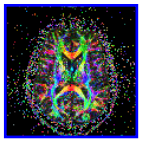
University of Iowa MRI Research Facility
Research Protocol Form

319-335-8706



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

STUDY INFORMATION

Researcher: _____

Scanner (*circle*): **SIGNA Premier 3T / Research 7T / MAGNUS 3T**

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 & DCPACS**

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

FACILITY RESOURCES

_____ Projector & Screen

_____ Audio & Video: Music / Video

_____ Response Device: Fdad 2 button / Fdad 4 button / BRU 5 button (Right / Left / Bilateral)

_____ Fmri Stimulus: E-Prime / Presentation / Matlab / PsychoPy / Other_____

_____ Coil: 3T-48 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:_____