**Imaging Core Facility (ICF)**

**Institute of Neuroscience and Medicine (INM)**

**Registration Form – Application for Measurement Time**

Version 6.1 - 2024.07.19

**all information need to be submitted to and approved by the measurement time commission (**[**icf-mtc@fz-juelich.de**](mailto:icf-mtc@fz-juelich.de)**) before the first measurement**

**PLEASE CONSIDER:**

* **A SIGNED AND AN ELECTRONIC VERSION OF THIS FORM**
* **ETHICS APPROVAL IS MANDATORY FOR HUMAN AND ANIMAL STUDIES (PROVIDE COPY)**
* **APPROVAL ACCORDING §23 StrlSchV IS MANDATORY FOR APPLICATION OF RADIOPHARMACEUTICALS IN HUMANS (PROVIDE COPY)**
* **PATHS ACCIDENT INSURANCE (“WEGE-UNFALLVERSICHERUNG”) IS MANDATORY (PROVIDE COPY)**

|  |  |
| --- | --- |
| Applicants name | Acronym of the study (Maximum 12 characters) |

**A. General Information**

**A.1. Title**

**Short title**

**A.2. Supervisor/Host Institute**

**A.3. Sponsor / Funding**

institute funding:  full  part

third-party funding:  full  part

(please specify: DFG, BMBF, …; name of the proposal):

other:  full  part

(please specify):

**A.4. Anticipated Measurements**

Please specify the time **per system** used

a. healthy participants n=      x      measurement/s

b. diseased participants n=      x      measurement/s

c. animals n=      x      measurement/s

d. others (e.g.phantom; please specify):       n=

Time per measurement:       minutes

Injected activity per PET measurement:

**A.5. How Many Of Them Are Pilot Measurements?**

**A.6. Anticipated Project Start**

**A.7. Anticipated Project Duration**

**A.8. Methods used in this study**

MRI  PET  EEG

Hybrid PET-MRI  Hybrid PET-MRI-EEG  Hybrid MRI-EEG

blood sampling

correction of metabolites

other (e.g. psychophysiology, drugs, MR-contrast medium; please specify):

equipment (e.g. keyboard, headphones, other; please specify):

**A.9. Specific requirements**

**A.10. (Only if a decision is needed urgently)**

A decision must be made until:

Reasons why the decision is urgent:

**A.11. Abstract**

|  |
| --- |
| Abstract (alternative: summary of an accepted proposal, e.g. DFG) |

**A.12. External And Planned Collaboration Within INM**

|  |
| --- |
| Enter partner name(s), address, e-mail, ... |

**A.13. Contact Person If Measurement Must Be Cancelled Or Postponed**

|  |
| --- |
| Enter name, title, e-mail, telephone number of a single individual |

**B. Study design**

**B.1. Study Group:**

a. Healthy Participants:  n.a.

|  |
| --- |
| enter healthy participants' profile (inclusion/exlusion criteria etc.) |

b. Diseased Participants:  n.a.

|  |
| --- |
| enter diseased participants' profile (inclusion/exlusion criteria etc.) |

c. Animals:  n.a.

|  |
| --- |
| Please specify (species, line, genetic background, provider)  Import from facility outside FZJ: please include approval from FZJ animal facility and, in case of genetically modified animals, from FZJ Biosafety officers regarding safety level  Please specify approved protocol by VET authorities (including approved room numbers and personnel)  Longitudinal measurements? Specific hygienic requirements? |

**B.2. Types of Stimuli**

visual  auditory  olfactory  nociceptive  sensory  haptic

“response” devices (please specify):

other (please specify):

**C. Technical Details & Safety Information**

**C.1.** **Scanner**:

3 Tesla MRT PRISMA – Human  7 Tesla MRT TERRA - Human

3 Tesla MR-PET – Human  9.4 Tesla MRT – small animal

PET-CT – small animal  PET – small animal

CT – small animal  Production of radiopharmaceuticals

**C.2. MR Coil**  n.a.

|  |
| --- |
| Please specify |

**C.3. Requested MR Sequences and total duration**  n.a.

|  |
| --- |
| Please specify (MRI Sequences, total duration of the single study) |

**C.4. Requested Radiopharmaceuticals**  n.a.

|  |
| --- |
| Please specify |

**C.5. Involvement of Specific at Risk Groups**

elderly (>60)  claustrophobia

acute disease 🡪 please specify:  not infectious  infectious (please specify):

minors (specify age range): caregiver will be present:  yes  no

other (please specify):

**C.6. Measurement will be performed by**

|  |
| --- |
| Please specify (investigator/qualification, MR measurement license, supervising nuclear medicine physician etc.) Please specify if support via an MTR is requested or required. |

**C.7. Measurements should be performed during**

usual working hours

daily edge times or weekends (please specify days / hours):

Please specify any specific scheduling requirements, e.g. a certain day of the week, or e.g. two full days in succession, with reasons (e.g. equipment setup/removal)

**C.8. Specific Requirements**

short project duration preferred – frequency of measurements as high as possible

specific frequency of measurements requested (e.g. two hours per week; please specify):

long measurements (e.g. a whole weekend for post mortem studies; please specify):

other (please specify):

**C.9. Signatures**

**Applicant Institute Director**

**…………………………… ……………………………**

**Name/Date/Signature Name/Date/Signature**

**For PET studies additionally:**

**Radiation protection officer (StrlSchV) Radiation protection officer (RöV)**

**…………………………… ……………………………**

**Name/Date/Signature Name/Date/Signature**

**--------------------------------------------- Internal use only, Do not complete-----------------------------------------------------**

**C.10. Decision of the Measurement Time Commission**

Date of decision:

Ethics approval provided

Radiopharmaceuticals – confirmed by the INM-5

Paths accident insurance (“Wege-Unfallversicherung”) provided

Technical radiation protection – confirmed by B-SSB (for PET studies)

Approval according §23 StrlSchV provided (for studies including application of radiopharmaceuticals in humans)

The Measurement Time Commission recommends consultation with:

other (please specify):

Application fully approved

Application approved with restrictions (e.g. number of measurements approved; please specify):