

PI/Investigator: \_\_\_\_\_

SHORT PROJECT NAME: \_\_\_\_\_

**PROTOCOL R&D**

DESCRIPTION					TIME
Desired Subject Prefix/Subject ID on scanner:					
Which coil will you use:					
Options:					
Video camera: Yes / No					
Physiology: Heart Resps Both None					
Eye tracker: Yes / No Calibration? Yes / No					
Projector OR goggles					
Button Box: Yes / No					
Presentation Software/Hardware:					
any other specialized equipment?					
• What scans will you be doing:					
	TR/TE:	Slices	Voxel Size	Reps	
Scout:					
Field Map:					
Anatomical:					
Spectroscopy:					
Voxel A:					
Voxel B:					
DWI					
<b>BOLD</b>	Name/ID:	MBAF:	Measures:		
A:					
B:					
C:					
D:					
Additional Scans					

**TOTAL Scan Time to Schedule =**

R&D Checklist		NOTES
✓	Fill out this sheet!	
	Description Discussion with Scott	
	Parameter optimization/adjustment	
	Paradigms working	
	Scanner Trigger working	

Approved by LCNI Technologist \_\_\_\_\_ Date \_\_\_\_\_

Approved by LCNI Director \_\_\_\_\_ Date \_\_\_\_\_