

STUDY INTAKE SHEET

Study information

Study: _____ Date: _____
PI: _____ Department: _____
Coordinator: _____ Contact information: _____
Contact for incidental findings: _____
Billing contacts to be added to NUcore: _____
N subjects: _____ Body part to be imaged: _____ Longitudinal study (i.e. >1visit/subject):
Desired protocol length: _____ Requires nurse: **(Contact CRU if yes)**

Setup information

Scanner: TUNA TARPON Coil: _____ other: _____
Scanner Certification (Industry/multi-site only): TUNA TARPON
Stereotactic Marker (brain only): _____ Physiological monitoring: _____ Visual Device:
Subject response device: buttons specify: _____ mouse other: _____
fMRI paradigm program: _____ other: _____ Own laptop:
Eye tracker: _____ Noise reduction: _____
Contrast: **(Requires Nurse if yes)** Dose: _____
Additional equipment: _____

Special Instructions: _____

CTI resources

Front meeting room _____ Nurse room _____
Mock scanner _____ Tarpon back room _____
EEG booth _____ TMS _____
Specifics: _____

Phantom scan

Phantom scans ID: _____ Phantom type: Agar ADNI Frequency: _____

Archiving Information

NUNDA ID: _____
Data archive on: CD DVD VIEWER SEND_2_PACS
Notes: _____

FOR INTERNAL USE ONLY

Protocol location on scanner: _____
Calendar name: _____ Implemented on: TUNA TARPON
CTI staff signature: _____ Date: _____