

IRCN Human fMRI Core Usage Application Form

利用申請許可番号

Entry field by Human fMRI Core

Entry Columns by Applicant	
Date of Application	
Institution	
Department • Lab Name	
Name of PI • Position	Name : Position : Handwritten signature :
Address of Lab	
Phone Number of Lab.	
Mobile Phone Number of PI (for emergency)	
E-mail address of PI	
Research Project Name	
Research Plan (Please explain the reason why you need to use the MRI scanner)	
Names of users in Lab (Please describe whether she/he has experiences of MRI operation)	
Stimulation (kinds of stimulation and stimulator)	Stimulation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Visual stimulation (<input type="checkbox"/> existing facility <input type="checkbox"/> others) <input type="checkbox"/> Auditory stimulation (<input type="checkbox"/> existing facility <input type="checkbox"/> others) <input type="checkbox"/> Somatic stimulation () <input type="checkbox"/> Others ()
Drug/medication use (drug/medication name, amount, and administration route)	Drug/medication use <input type="checkbox"/> Yes <input type="checkbox"/> No Name Amount Administration route <input type="checkbox"/> Oral <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Patch
Response detection (method of response detection)	Response detection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Response button (<input type="checkbox"/> existing facility <input type="checkbox"/> others) <input type="checkbox"/> Microphone (<input type="checkbox"/> existing facility <input type="checkbox"/> others) <input type="checkbox"/> Video recording (<input type="checkbox"/> existing facility <input type="checkbox"/> その他) <input type="checkbox"/> Others ()

Biological signals and physiological tests conducted along with MRI scan	Biophysiological recording <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pulse wave (<input type="checkbox"/> existing facility <input type="checkbox"/> others) <input type="checkbox"/> Respiration (<input type="checkbox"/> existing facility <input type="checkbox"/> others) <input type="checkbox"/> Electrocardiogram (<input type="checkbox"/> existing facility <input type="checkbox"/> others) <input type="checkbox"/> Others ()
Scan protocol (repetition number of each sequence and duration time for each sequence)	Functional imaging <input type="checkbox"/> Yes <input type="checkbox"/> No __ session(s) Scan time per session Approx. __ min Structural imaging (high-resolution) <input type="checkbox"/> Yes <input type="checkbox"/> No __ session(s) Scan time per session Approx. __ min Diffusion tensor imaging <input type="checkbox"/> Yes <input type="checkbox"/> No __ session(s) Scan time per session Approx. __ min MEGA-PRESS <input type="checkbox"/> Yes <input type="checkbox"/> No __ session(s) Scan time per session Approx. __ min Total scan time Approx. __ min
Scan sequences not provided by the vendor	Multiband EPI sequences developed at CMRR <input type="checkbox"/> Yes <input type="checkbox"/> No Others ()
Devices to bring into the MRI scan room (only non-magnetic devices for MRI scanning)	Bringing of devices <input type="checkbox"/> Yes <input type="checkbox"/> No Device name
Devices to bring into the MRI operation preparation room	Bringing of devices <input type="checkbox"/> Yes <input type="checkbox"/> No Device name
Ethical approval	Ethical approval <input type="checkbox"/> Yes <input type="checkbox"/> No
Agree to the terms of use	<input type="checkbox"/> We agree. It is not allowed to use without agreement.

About the handling of personal information

1. Purpose of use of personal information

We will not use any personal information you enter except for the administration work of this facility.

We will not disclose or provide it to third parties without your consent. (Except in cases where the provisions of laws and regulations are stipulated)

2. Management of personal information

We will strictly keep the personal information you filled in and take necessary measures for safety management.

Entry Columns by Human fMRI Core Staff	
<input type="checkbox"/> 受理 <input type="checkbox"/> 受理不可 * 受理不可の場合は理由を記入	
利用申請許可番号	
利用申請許可年月日	