

# PROJECT FORM



Spinoza Centre for Neuroimaging

Title .....

Short title / acronym .....

Principal investigator .....

Affiliation AMC NIN UvA-FMG UvA-FNWI VU(mc) Other: .....

Researcher(s)	Email	Phone	MR operator	BHV / ERO
			Yes / No	Yes / No

1. ....

2. ....

3. ....

Starting date ..... End date (estimated) .....

Hours – 3 Tesla ..... estimated upper limit

Hours – 7 Tesla ..... estimated upper limit

Uses partner quorum yes no Cost center .....

Ethical approval from ..... File number .....

Primary researcher

Budget holder

Name

Name

Date

Date

Signature

Signature

## Appendices

- Used resources / peripheral equipment
- Project proposal as presented at user meeting
- EC / METC research protocol + confirmation of approval
- Proof of insurance (if applicable)
- Proof of bedrijfshulpverlener (BHV) /emergency response officer (ERO) status

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## Resources

3 Tesla MRI            3T testing room  
7 Tesla MRI            7T testing room  
TMS/EEG lab  
mock scanner

## Peripheral equipment

	<u>3 Tesla</u>	<u>7 Tesla</u>
Stimulus computer		
LCD screen		
Button boxes		
Audio system (MR conform)		
Eye tracker		
Brain Amp		
- GSR		
- respiration		
- (other) electrodes		
Electrical stimulator		
Custom (please indicate under 'other')		
Dielectric pads		
32-channel surface coil		
Non-proton interface boxes		

## Other / remarks