

# STUDY INTAKE SHEET

## Study information

Study: \_\_\_\_\_ Date: \_\_\_\_\_  
PI: \_\_\_\_\_ Department: \_\_\_\_\_  
Coordinator: \_\_\_\_\_ Protocol contact : \_\_\_\_\_  
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 Monitor: \_\_\_\_\_ Visual Device:  
Subject response device: \_\_\_\_\_ 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: \_\_\_\_\_