

Lane Neuroimaging Laboratory  
MRI Acquisition Strategy Request Form

Principal Investigator:

Contact Person (if other than PI):

Contact email address:

IRB # and Title (if approved):

Study Title:

Study Nickname (8 letters or less):

Number of proposed scan subjects:

Proposed start date:

Please limit your answers to the below questions to one or two **short** paragraphs.

1. Please describe the hypotheses that drive your experiment (what data are you hoping to collect and why?).

2. What statistical tests are you planning to use to analyze your data?

3. Please describe your experimental paradigm (block, event-related) and your rationale for your particular paradigm timing. Please send questions to us at [ResearchMRI@psychiatry.wisc.edu](mailto:ResearchMRI@psychiatry.wisc.edu)

4. Please describe the type of scans you plan to collect (T1, T2, DTI, EPI, ASL, etc..).

Not sure? Please send questions to us at [ResearchMRI@psychiatry.wisc.edu](mailto:ResearchMRI@psychiatry.wisc.edu)

5. Please describe your acquisition parameters (BOLD reps, echo time, flip angle, etc..).

Not sure? Please send questions to us at [ResearchMRI@psychiatry.wisc.edu](mailto:ResearchMRI@psychiatry.wisc.edu)

6. What are your stimulus presentation plans?

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7. What peripheral measures do you plan to collect and what specific set-up requirements do you anticipate (button box, goggles for stimulus presentation, skin conductance, respiration, eye tracking)? Please send questions to us at [ResearchMRI@psychiatry.wisc.edu](mailto:ResearchMRI@psychiatry.wisc.edu)