**Project Checklist**

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| **Section A – Invasive procedures** |
| Does your project involve invasive procedure(s)? | **Yes/No** |
| Contrast agent injection  |  |
| Other procedures: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| *If yes, please provide the information of the radiologist:**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact/E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
|  |  |
| **Section B – Types of participants** |
| Participants under 18Please specify the target age group: *\_\_\_\_\_\_\_\_\_* | **Yes/No** |
| Participants with diminished cognitive capacity | **Yes/No** |
| Dementia |  |
| Developmental disorders  |  |
| Amnesia |  |
| Substance-induced cognitive impairment  |  |
| Others*: \_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| Participants with diminished communication abilities | **Yes/No** |
| Deaf |  |
| Dysphasia |  |
| Articulation disorder  |  |
| Others*: \_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| People requiring assistance | **Yes/No** |
| Major depressive disorder |  |
| Bipolar disorder |  |
| Schizophrenia |  |
| Autism |  |
| Hemiplegia |  |
| Upper limb disability |  |
| Lower limb disability |  |
| Others*: \_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| *If yes, please specify (optional):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |