**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 18  Please 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):*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |