SEA-XNAT Boarding Document

1. Anticipated data collection start and end dates.

2. How many subjects will participate in the study?

3. Is this a multi-site study? Yes No

If so, please list the sites that will be collecting data.

|  |  |
| --- | --- |
| **Site Name** | **PI**  |
| University at Large (UL) | Gordon Investigator |
|  |  |
|  |  |
|  |  |

4. Please list XNAT project information. (If more lines needed, please continue on back.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project ID (<=14 chars)** | **Running title****(<=24 chars)/ Title** | **Description** | **Alias** | **Keywords** | **Archive setting** **(circle one)** |
| TEST\_UL | UL TEST Study / This is a study of TEST here at the University at Large. | A longitudinal study of TEST here at University at Large to test things. | NP101 | TEST longitudinalLarge | prearchivearchive no overwritearchive overwrite |
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|  |  |  |  |  | prearchivearchive no overwritearchive overwrite |
|  |  |  |  |  | prearchivearchive no overwritearchive overwrite |

5. User access plan

a. Can the study provide a list of people on your study for initial boarding? Yes No

Advise to please specify: user\_id/name and role (Collaborator: view-only, Member: view, create, edit, execute pipelines Owner: view, create, edit, delete, execute pipelines, add pipelines to project, grant user access, configure project)

b. Is there anyone outside the study who will be given access to the data?

c. How will user access be enabled/disabled throughout the life of the study?

i. Study will designate its own project owners who will enable/disable users directly. (preferred)

ii. Users contact SEA-XNAT help desk directly -> study must contact to validate new user requests.

 iii. Other, please describe:

6. What modalities of imaging data will you be collecting (1.5T MR, PET-AV45, CT, EEG, etc)?

7. Would you like to set up a pipeline to verify the acquisition protocol (i.e. count and correctness) of received images (image validation)? Yes No

If yes, which modalities require validation? (If all, just write “all”).

Note: A team member will be assigned to follow up with PI and flesh out a validation schematron.

8. Does the study perform QC on imaging? Yes No

 Will the study store QC results in the SEA-XNAT? Yes No

 Will the study store or discard sessions which fail QC. Store Discard

9. What kind of subject demographic data will be collected? Please check all that apply. Add items not listed in spaces provided.

|  |  |
| --- | --- |
| **Subject data** |  |
| Gender |  |
| Handedness |  |
| Education |  |
| Height (in) |  |
| Weight (lb) |  |
| Race |  |
| Ethnicity |  |
| Circle one:Date of birth Year of birthAge |  |
|  |  |
|  |  |

10. Please list all other data types to be collected. (Note: Request sample data from PI. Developer will follow up with the study PI for planning. XNAT Marketplace is an online repository where common data types are available for download.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Description** | **Likely code source (circle one)** | **Upload method** |
| Pittsburgh Side Effects Scale | Commonly used test to assess side effects in drug treatment.  | Core XNAT XNAT MarketplaceTo be created | HTML formCSV uploaderScript |
|  |  | Core XNAT XNAT MarketplaceTo be created | HTML formCSV uploaderScript |
|  |  | Core XNAT XNAT MarketplaceTo be created | HTML formCSV uploaderScript |

11. Is this a longitudinal study (i.e. will the participant be assessed multiple times)? Yes No

If yes, then if possible, please list “visit” or “encounter” types as well as data required at each.

|  |  |  |  |
| --- | --- | --- | --- |
| Visit type | Frequency | Trigger? | Data types collected at visit |
| Example: On site visit | Once every 6 months | Age > 80 | Subject demographics, MR Session, CT Session |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Also, if yes, Please describe unique visit ID pattern:

Example ID patterns:

Numbered: 001, 002, 003, 004

Descriptive: PRE, POST

Numbered+Descriptive: onsite\_001, remote\_001, onsite\_002, etc.

12. Please list planned subject and data labels for every data type listed above (including imaging and non-imaging data).

|  |  |  |  |
| --- | --- | --- | --- |
| **Data type** | **Label pattern**  | **Example label** | **How will this label pattern be enforced?** |
| Example: Subject | <project\_id>001 | UL001 | Process: coordinator will enter labels  |
| Example: MR Session | <subject\_label>\_<visit\_id>\_mr | UL001\_PRE\_mr | Project anonymization script |
| Subject |  |  |  |
|  |  |  |  |
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13. Please list processing pipelines needed.

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| --- | --- | --- | --- | --- |
| **Name** | **Description** | **Input file or data type?** | **Available in SEA-XNAT?** | **If not already available, then what is the plan?**  |
| Example: FreeSurfer | **FreeSurfer** tool for reconstruction of the brain’s cortical surface from structural MR data, and overlay of functional MI data onto reconstructed surface. | MR Session DICOM | Yes No | Will download FreeSurfer version 5.1 (free from Harvard). SEA-XNAT will make pipeline for FreeSurfer. SEA-XNAT will create new imageAssessor to hold FreeSurfer data results. Pipeline developer will follow up with project for details. |
|  |  |  | Yes No |  |
|  |  |  | Yes No |  |
|  |  |  | Yes No |  |

14. Please list any notifications required.

|  |  |  |
| --- | --- | --- |
| Notification description | Frequency | Notification recipients |
| Example: Our team should receive a list of all CT sessions uploaded in the last 24 hours. | Nightly | someone@fakeaddress.org |
|  |  |  |
|  |  |  |

15. Please list any reports required. (Example report for each report type should be supplied by study).

|  |  |  |
| --- | --- | --- |
| Report description | Frequency | Available to |
| Example: Quarterly report for our sponsor | Quarterly | xnat\_user\_id |
|  |  |  |
|  |  |  |
|  |  |  |

16. If sample imaging data provided, please complete a row below for every scanner involved in your study.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Site** | **Station name** **(0008,****1010)** | **Modality (please circle one)****(0008,0060)** | **Scanner manufacturer****(circle one)****(0008,0070)** | **Image file type****(circle one)** | **Upload method****(circle one) –** **\***DICOM send for OUA scanners only | **Approx****session size** | **DICOM headers found with PHI** |
| **1** | OUA | MMIR-3T | 1.5T-MR 3T-MRPET-FDG PET-PIB PET-AV45 CT | SiemensPhilipsGE | DICOMECATSiemens IMA | Upload AppletZip UploaderDICOM send\* | 80 GB | (0010,0010) |
| **2** |  |  | 1.5T MR 3T MRPET-FDG PET-PIB PET-AV45 CT | SiemensPhilipsGE | DICOMECATSiemens IMA | Upload AppletZip UploaderDICOM send\* |  |  |
| **3** |  |  | 1.5T MR 3T MRPET-FDG PET-PIB PET-AV45 CT | SiemensPhilipsGE | DICOMECATSiemens IMA | Upload AppletZip UploaderDICOM send\* |  |  |
| **4** |  |  | 1.5T MR 3T MRPET-FDG PET-PIB PET-AV45 CT | SiemensPhilipsGE | DICOMECATSiemens IMA | Upload AppletZip UploaderDICOM send\* |  |  |
| **5** |  |  | 1.5T MR 3T MRPET-FDG PET-PIB PET-AV45 CT | SiemensPhilipsGE | DICOMECATSiemens IMA | Upload AppletZip UploaderDICOM send\* |  |  |
| **6** |  |  | 1.5T MR 3T MRPET-FDG PET-PIB PET-AV45 CT | SiemensPhilipsGE | DICOMECATSiemens IMA | Upload AppletZip UploaderDICOM send\* |  |  |