Image & Data Archive
Powered by LONI

IDA

Welcome to IDA

Repository & Data Sharing Infrastructure

Last revised – August 2022

A secure online resource for sharing, visualizing, and exploring neuroscience data

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Welcome to the LONI IDA Repository!

We look forward to working with you to securely house your data and help you meet your data sharing objectives.

If you have any questions or concerns, please contact us via email (**ida@loni.usc.edu**).

Study Intake Form Checklist

In order to get your study set up efficiently and accurately we will need to gather some documents and details.

Please email us the following:

- ☐ **Completed Study Intake Form**
- ☐ **Study protocol**
- ☐ **Subject consent form(s) [blank copy]**
- ☐ **IRB approval letter**
- ☐ **Electronic version of study logo**

  Preferred file formats: eps, svg, pdf, png, gif, psd, ai, tiff, bmp

IDA Study Intake Form

Study Name:

Study Description:
This text will be used for the landing page in IDA to showcase details about the study, such as introductory text and important URL links.

Contact Information

Principal Investigator Name:	
Email:	
Telephone # :	

Study Coordinator Name:	
Email:	
Telephone # :	

Participating Site Information

List the site name, site number, and principal investigator for each participating site.
Example: Brain University / Alexa Post / 001

Site Name	**Principal Investigator**	**Site Number** (Optional)

See Page 9 to list additional sites.

Subject Identifier Information

Each subject must have a unique subject identifier (maximum length is 10 characters). The use of a medical record number or other potentially identifiable information such as participant initials is not allowed.

Example: Subject ID = 07_0389, Subject ID Description: Site Number = 07 / Subject ID = 0389

Will there be a particular subject ID format that should be enforced?

☐ Yes ☐ No

If yes, provide example and description of the subject ID:

Subject ID	Subject ID Description

Will subject cohorts be required?
For example, should each subject's data be labeled as a "control" or "patient"?

☐ Yes ☐ No

If yes, provide the categories for the subject cohorts:

Subject Cohorts	

Visit Information

List the study visit names and visit numbers that will be used in this study. ***Example: 1 / Baseline***

Visit Number	Visit Name

See Page 10 to list additional visits.

Modalities

The IDA accepts uncompressed DICOM, but compressed DICOM files (e.g. lossless JPEG) are not accepted.

Select the type of modalities that will be collected for the study.

☐ EEG ☐ CT ☐ MRI ☐ PET ☐ SPECT ☐ None

Select the file formats that the imaging data will be acquired.

☐ DICOM ☐ ECAT ☐ EDF+ ☐ HRRT ☐ None

If imaging data will be collected, respond to the questions below: Will phantom scans be acquired?

☐ Yes ☐ No

Will human volunteer scans be acquired (for scanner qualification)?

☐ Yes ☐ No

Will a quality control review of the scans be performed by an external team?

☐ Yes ☐ No

If yes, provide details for the reviewer(s):

Reviewer Name	Reviewer Email	Modality to Review

De-Identification

Use of the IDA Uploader application will automatically remove most components in the DICOM header that are consider Protected Health Information (PHI). This de-identification stage happens at a local level and only coded data is transmitted for storage in the IDA repository. Scan dates by default are retained in the image files for reconciliation purposes. If your study has specific restrictions on dates, please describe below and we will contact you.

Clinical or Other Data Information

Will clinical data be transferred to the IDA?

☐ Yes ☐ No

If yes, how many clinical CRFs will be transferred?

Number of clinical CRFs

Will other data be transferred to the IDA?

☐ Yes ☐ No

If yes, describe the other data:

Description of other data

Data Access

The participating sites in the study will require that its users be granted upload access rights in the IDA. We recommend that at least two study personnel are selected for this data management role to ensure uninterrupted access. The IDA team will provide documentation for setting upload access. If requested, the IDA team can manage this role for the study.

Would you like the IDA team to handle setting the user upload access rights for the study?

☐ Yes ☐ No

If yes, skip to the next section.
List the individuals that will be setting the upload access for the study.

Primary Data Manager Name	Email

Secondary Data Manager Name	Email

Data Sharing

Every institution has its own requirements regarding data sharing, so it is recommended that you check with the participating sites if they require the execution of a Data Use Agreement (DUA). We have provided a template for review and/or use for the study. If the participating sites have any questions, they can submit an email to data.coordinator@loni.usc.edu. Enter '[Study Name] – DUA Inquiry' in the subject line.

Additional Information

Is there any other information we need to know about the study?

[For IDA Internal Use Only]	
Internal Reference Name:	
Source Review Complete:	

Participating Site Information

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Example: Brain University / Alexa Post / 001

Site Name	Principal Investigator	Site Number (Optional)

Visit Information

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