## Sample Size Quality Gate

i) Project name: Magnetic resonance imaging in fetuses at Increased Risk of BraIn LEsions

(Fetus-MIRABILE)

ii) Version of this document: 1

iii) Date:

iv) Project description (*e.g. grant application/ protocol/ manuscript*) Grant Application

v) Has the sample size been QC? (*Please answer yes or not*)

vi) Is there evidence both from the Designated and QC statistician? (*Please answer yes or not*)

vii) Is evidence compliant with SOP ST008? (*Please answer yes or not*)

viii) Where evidence can be found (e.g. both output/mail saved in the network)

For providing evidence of confirmation, either use the box below or save the e-mail in which it is made explicit the QC Sample size statistician approves the calculation.

|  |  |
| --- | --- |
| **By signing this I approve the sample size calculation** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  QC Sample size statistician | \_\_\_/\_\_\_\_/\_\_\_\_\_\_  Date |