

Resource Summary Report

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NIHPD Objective 1 atlases (4.5 - 18.5y)

RRID:SCR_008794

Type: Tool

Proper Citation

NIHPD Objective 1 atlases (4.5 - 18.5y) (RRID:SCR_008794)

Resource Information

URL: <http://www.bic.mni.mcgill.ca/ServicesAtlases/NIHPD-obj1>

Proper Citation: NIHPD Objective 1 atlases (4.5 - 18.5y) (RRID:SCR_008794)

Description: An unbiased standard magnetic resonance imaging template brain volume for pediatric data from the 4.5 to 18.5y age range. These volumes were created using data from 324 children enrolled in the NIH-funded MRI study of normal brain development (Almli et al., 2007, Evans and Group 2006). Tools for using these atlases can be found in the Software section. To view the atlases online, click on the appropriate JIV2 link in the Download section. You can download templates constructed for different age ranges. For each age range you will get an average T1w, T2w, PDw maps normalized between 0 and 100 and tissue probability maps, with values between 0 and 1. Also each age range includes a binary brain mask.

Abbreviations: NIHPD Objective 1 atlases (4.518.5y)

Synonyms: BIC NIHPD Objective 1 atlases (4.518.5y), McConnell Brain Imaging Center NIHPD Objective 1 atlases (4.518.5y)

Resource Type: data or information resource, atlas, reference atlas

Defining Citation: [PMID:20656036](#)

Keywords: pediatric, human, mri, brain, child, young human

Related Condition: Normal brain development, Aging

Resource Name: NIHPD Objective 1 atlases (4.5 - 18.5y)

Resource ID: SCR_008794

Alternate IDs: nlx_144295

Record Creation Time: 20220129T080249+0000

Ratings and Alerts

No rating or validation information has been found for NIHPD Objective 1 atlases (4.5 - 18.5y).

No alerts have been found for NIHPD Objective 1 atlases (4.5 - 18.5y).

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 11 mentions in open access literature.

Listed below are recent publications. The full list is available at [NIF](#) .

Kuhl U, et al. (2021) Mathematical learning deficits originate in early childhood from atypical development of a frontoparietal brain network. PLoS biology, 19(9), e3001407.

Fan YS, et al. (2020) Individual-specific functional connectome biomarkers predict schizophrenia positive symptoms during adolescent brain maturation. Human brain mapping, 42(5), 1475.

Drobinin V, et al. (2020) Reliability of multimodal MRI brain measures in youth at risk for mental illness. Brain and behavior, 10(6), e01609.

Dégeilh F, et al. (2018) Quality of maternal behaviour during infancy predicts functional connectivity between default mode network and salience network 9 years later. Developmental cognitive neuroscience, 34, 53.

Mackay A, et al. (2018) Molecular, Pathological, Radiological, and Immune Profiling of Non-brainstem Pediatric High-Grade Glioma from the HERBY Phase II Randomized Trial. Cancer cell, 33(5), 829.

Leblanc É, et al. (2017) Attachment Security in Infancy: A Preliminary Study of Prospective Links to Brain Morphometry in Late Childhood. Frontiers in psychology, 8, 2141.

Brauer J, et al. (2016) Frequency of Maternal Touch Predicts Resting Activity and Connectivity of the Developing Social Brain. Cerebral cortex (New York, N.Y. : 1991), 26(8), 3544.

Xiao Y, et al. (2016) Longitudinal changes in resting-state fMRI from age 5 to age 6years covary with language development. NeuroImage, 128, 116.

Villalon-Reina J, et al. (2013) White matter microstructural abnormalities in girls with chromosome 22q11.2 deletion syndrome, Fragile X or Turner syndrome as evidenced by

diffusion tensor imaging. *NeuroImage*, 81, 441.

Bosch-Bayard J, et al. (2012) 3D statistical parametric mapping of quiet sleep EEG in the first year of life. *NeuroImage*, 59(4), 3297.

Fonov V, et al. (2011) Unbiased average age-appropriate atlases for pediatric studies. *NeuroImage*, 54(1), 313.