



**Center for Advanced Brain Imaging**  
**Georgia State University and Georgia Institute of Technology**  
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### Research Information Form

Name(PI):

Email Address:

Cell Phone Number:

Lab Phone Number:

### Affiliation Information

Name of Affiliation:

Address:

### Billing Information

Project Number:

Department Accounting Information: ( please include a contact person, email address, & phone number)

Project Source:

### Experiment Information

Projected start date:

IRB Number :

Stimuli: Motor  Visual  Audio

Projected number of participants:

IRB Consent Approval Dates:

Stimuli Presentation Software:

### Scanner Time Preferences

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8-11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (12-2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (3-5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Internal Use Only:

Schedules & Confirmed Info: \_\_\_\_\_

Proposal Code: \_\_\_\_\_

Projected Start Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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