



Center for Advanced Brain Imaging  
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## Research Information Form

Name of Study:

Latest Approval Date:

Projected End Date:

IRB Number:

## Grant Information

Grant Source:

Grant:

### Principal Investigator Information

Name:

Phone Number:

Mailing Address:

Email Address:

Total scan hours for all participants:

Number of participants:

### Co-Investigator Information

Name:

Phone Number:

Mailing Address:

Email Address:

Technologist: *(initials)*

Researcher: *(initials)*