



**Center for Advanced Brain Imaging**  
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## Research Study Information Form

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Name of Study: \_\_\_\_\_

Latest Approval Date: \_\_\_\_\_

Projected End Date: \_\_\_\_\_

IRB# \_\_\_\_\_

### Grant Information:

Grant Source: \_\_\_\_\_

Grant: \_\_\_\_\_

### Principal Investigator Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Co-Investigator Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Total scan hours for all participants: \_\_\_\_\_

Technologist : \_\_\_\_\_{initials}

Researcher : \_\_\_\_\_{initials}