



**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, address, email address, & phone number)

Project Source & Source of Funding:

**Experiment Information**

Projected start date:

IRB Number :

Stimuli: Motor  Visual  Audio

Projected number of participants:

IRB Consent Approval Dates:

Stimuli Presentation Software:

**List Lab Members included on the IRB Consent:**

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**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: \_\_\_\_\_