

ALLOW 24 BUSINESS HOURS FOR APPROVAL OF YOUR REQUEST

**email request to camri-staff@listserv.bcm.edu

**requests will be answered during normal business hours (M-F 8a-4p)

Please circle all that apply for your experiment:

Scanner Type:	Prisma (MR4)	Trio (MR5)		
Duration of Scan:	1 hr	1.5 hrs	2 hrs	other _____
Other equipment needed for project:	stimulus computer	BOLDScreen	button boxes	20 channel head coil
	32 channel head coil	64 channel head coil	eye tracker	noise cancelling headphones
	foot pedals	Other _____		

Please complete the following information for your experiment:

PRINT CLEARLY

ALLOW 48 HOURS AFTER APPROVAL DATE

Date:

Investigator's Name:

BCM Account Number:

Name of employee to use scanner:

Name of subject (must be employee):

Include justification for scanning, the name of the project (IRB protocol number) and contact information (email and cell number) for user that will be onsite for experiment.
