

## ALLOW 24 BUSINESS HOURS FOR APPROVAL OF YOUR REQUEST

\*\*email request to CAMRI-staff@bcm.edu

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

Please select all that apply for your experiment:

Scanner Type:	Please select			
Duration of Scan:	Please select		If other _____	
Other equipment needed for experiment:	stimulus computer	BOLDScreen	button boxes	20 channel head coil
	32 channel head coil	64 channel head coil	eye tracker	noise cancelling headphones

Please complete the following information for your experiment:

**PRINT CLEARLY**

**ALLOW 48 HOURS AFTER APPROVAL DATE**

**Date:**

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**Investigator's Name:**

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**BCM Account Number:**

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**Name of employee to use scanner:**

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**Name of subject:**

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If BCM employee, please include employee ID

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.

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