FUNDED PILOT PROJECT PROPOSAL

1) Title of project:

2) Principal Investigator(s):
   a) Name:
   b) Department:
   c) Contact Information:

3) Data Collection
   a) Modality (PET+Radioligand or MRI):
      i) Operator certification (date of last safety exam; MRI only):
   b) Estimated Scan Time Required (Monthly):
   c) Special data acquisition, storage, or processing requirements:

4) IRB Information
   a) Approval Number:
   b) Expiration date:
   c) Approval letter (as attachment)
   d) Consent form (as attachment)