



NEUROSCIENCE IMAGING CENTER

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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)