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 select all that apply for your experiment:

Scanner Type:	PRISMA (Scanner 4)	TRIO (Scanner 5)		
Duration of Scan:	1 hr	1.5 hr	2 hr	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 and Time: _____

Investigator's Name: _____

BCM Account Number: _____

Name of employees to use scanner: _____

Name of subject: _____

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.

_____

_____

_____

_____

****Cancellation/Rescheduling Policy**

All scheduled scanning appointments will be charged the full rate unless cancelled/rescheduled should be sent to CAMRI through their email alias, camri-staff@bcm.edu