

BWH Research Imaging Core (BRIC) Special Acquisitions Intake Form

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|--|--------------|-----------------|---------------|
| Date | | | |
| Title of Project | | | |
| Project Nickname (to be given by BRIC) | | | |
| Name of Principal Investigator | | User ID: | |
| Dept. Admin/Finance Mgr. to be copied on invoices | Name: | | Email: |
| | | | |
| IRB Protocol Number | | | |
| IRB Expiration Date | | | |
| Partners PeopleSoft Account Number | | | |
| Funding Source | | | |
| Anticipated Length of Time Services Needed (in Minutes) | | | |
| Preferred Day/Time for Exam Slot | | | |
| Acquisition Services Requested (Spectrocopist, fMRI Scanning Services, fMRI Experimental Design and Implementation) | | | |
| Study Start Date | | | |
| Study End Date | | | |
| Number of Subjects | | | |
| Total Number of Scans | | | |