

Application for Scanner Time for Funded Studies Proposal

Please complete the following required fields

Title of study: _____

PI: _____

Projected start and completion dates: [Start] _____ [Completion] _____

Anticipated number of funded scanning hours for study: _____

Names and degrees of all personnel assisting in the study's MRI component:

_____	_____
_____	_____
_____	_____
_____	_____

Please attach 2 double spaced pages to summarize the background of the study, including:

- Brief description of research goals and hypotheses
- Description of subjects to be tested
- Specifications of protocol to be employed
- Stimulus presentation requirements (audio, visual, other)
- Analyses to be performed

Review criteria will include, in part:

- Feasibility of protocol with the imaging facility
- Availability of magnet time
- Securing of IRB approval

To submit your pilot proposal, please submit a copy of this completed form and the 2 page summary to:
ccbpi-proposal@osu.edu.