

CAMRI SCANNER SCHEDULING FORM

ALLOW 24 BUSINESS HOURS FOR APPROVAL OF YOUR REQUEST

**email request to CAMRI-staff@bcm.edu

**requests will be answered during normal business hours (M-F 8a-4p)

Please select all that apply for your experiment:

Scanner:	Scanner 4	Scanner 5		
Duration of Scan:	1 hr	1.5hr	2hr	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:

Investigator's Name:

BCM Account Number:

Level 2 user that is scanning:

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 24 hours before the start of the scheduled scan. No exceptions. All cancellations/rescheduled requests should be sent to CAMRI through their email alias, camri-staff@bcm.edu

** New Pricing begins July 1, 2021.