



FUNDED PROJECT PROPOSAL

- 1) Title of Project

- 2) Principal Investigator(s)
 - a. Name
 - b. Campus/Business
 - c. Department
 - d. Contact Information

- 3) Data Collection
 - a. Require ASRC MRI Operator?
 - i. If not, name lab's MRI operator(s) and date of last safety exam
 - b. Estimated Scan Time Required Per Month and Total Duration
 - c. Peripheral Equipment Required
 - d. Special Data Acquisition, Storage, or Processing Requirements

- 4) IRB Information (CUNY users)
 - a. Approval Number
 - b. Expiration Date
 - c. Approval letter (as attachment)
 - d. Consent form (as attachment)