

**UNIVERSITY OF MIAMI DEPARTMENT OF PSYCHOLOGY
MRI SCANNING - LETTER OF INTENT**

Principal Investigator: _____
Email Address: _____
Phone number: _____

Title of the study: _____

Prospective funding source: Federal non-Federal Pilot

Population:

- Adults University Students Adolescents (13-17 years) Children (under 13 years)
- Healthy Population Patient Population, Specify: _____

Study Details:

Expected start date: ___/___/___
Total hours of scan time requested: _____
Duration of study (in months): _____ Hours/per month: _____
Duration of each scan session: _____ hrs

Any special requirements (e.g., evening hours, high volume periods, access to phlebotomy):

Please attach:

- Letter of Intent
- Short 3-4 page project description of the significance, specific aims, experimental design and analysis approach.
- If new to NIS, CV of principal investigator

Instructions for submission:

Please submit these materials to nis@psy.miami.edu in a single zip file labeled with the PI name_project name_letterofintent (e.g., Doe_EXP1_letterofintent).