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

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
$\hfill \Box$ 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 exn67@miami.edu in a single zip file labeled with the Pl name_project name_letterofintent (e.g., Doe_EXP1_letterofintent).
University of Miami Department of Psychology MRI Facility