

**UCSB Brain Imaging Center 3T
MRI Research Application
Addendum Form**

(Submit to Kiana Sabugo, Psychological & Brain Sciences Department: kianasabugo@ucsb.edu)

Complete this form with any additional or updated information that you would like to add to your BIC application.

Change in Funding Source Effective start date: _____

SECTION I: Experimenter Information

Experiment Title: _____

Principal Investigator (Faculty member at UCSB) & contact info: _____

SECTION II: Funding Source (Select one of the following four):

This study is funded by an extramural grant administered by UCSB.

Funding Agency: _____ Account to bill: _____

I authorize UCSB BIC to bill directly the above account using electronic accounting. Yes No

This study is funded by another institution.

Name and address of contact to bill studies: _____

This study is supported by startup commitments by the Dean of my school.

Account to bill: _____

I authorize UCSB BIC to bill directly the above account using electronic accounting. Yes No

I am requesting UCSB BIC to subsidize this research as a pilot project. If requesting to be subsidized by the BIC, how many pilot hours are requested? _____

SECTION III: Additional funding information (Select all that apply):

Federally funded

ICB: Institute for Collaborative
Biotechnologies

NIH/NIMH: National Institute of
Health/Mental Health

MURI: Multidisciplinary University
Research Initiative

NSF: National Science Foundation

ARMY

US Education

Other:

Non-Federally funded

Academic Senate

Private donors (please describe):

Other (please describe):

For internal BIC use only: Scan rate: Number of scan hours approved:

Approval from Human Subjects Committee: _____ Date approved: _____

Other comments: _____
