



GSU/GT Center for Advanced Brain Imaging
831 Marietta St, Atlanta GA 30332, USA
Phone (404) 385-8619 Fax (404) 385-8620
www.cabiatl.com

MRI REQUISITION FORM

Principal Investigator: _____

COINS Study Name: _____

COINS Study Number: _____

COINS Subject URSI: _____ **Study Subject ID:** _____

Study Session: _____ **COINS Study Visit:** _____

COINS Billing Code: _____

Subject Weight/Height: _____

Subject Y.O.B. _____

MRI Date/Time: _____

Study Contact/Coordinator: _____

Signature & Date: _____

Submit this document with a copy of subject's signed consent and MR screening form to MR technologist on day of scanning session.

For Experimenter Use Only:

Researcher(s): _____

Technologist screened: _____

Screening date & time: _____