



GSU/GT Center for Advanced Brain Imaging
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EEG REQUISITION FORM

Principal Investigator: _____

Study Name & IRB Number: _____

COINS Study Number: _____

COINS Subject URSI ID: _____

COINS Billing Code: _____

EEG System Used: _____

Concurrent with MRI: Yes No

EEG Session Date: _____

Session Start Time: _____

Study Contact/Coordinator: _____

Signature & Date: _____

*Submit this document with a copy of subject's signed consent form to CABI staff
on day of EEG session.*