

BROWN UNIVERSITY BRAIN STIMULATION FACILITY

APPLICATION FOR USE OF FACILITIES

Applicant _____ Date _____

Faculty Sponsor (if applicable) _____

Title of Study

Department _____ Box # _____

E-mail _____ Tel. _____

Research Protection Office Approval

All studies must be approved by the Brown IRB (for human studies) or Brown IACUC (for animal studies), as appropriate

Brown University protocol _____

Home Institution (if not Brown) # _____

Signature

Applicant _____ Date _____

Sponsor (if applicable) _____ Date _____