**TMS Protocol Approval Form (version 1.0):**

\*Please submit this form to the Director of the BSL (Roger D. Newman-Norlund) prior to the commencement of any stimulation protocol.

Name Primary Investigator:

E-mail Primary Investigator:

Phone Primary Investigator:

Study Title:

IRB Number (if any):

Study Abstract and Protocol Justification:

Signatures in these fields indicate that the PI and Director have both examined the protocol and approve for its use at the Brain Stimulation Laboratory.

Signature PI: Signature Director:

 Date: Date: