

Behavioral Labs Reservation Form

To reserve the labs, please fill out the form below and email a pdf copy to **csomblab@umn.edu**. Please title your email '**Behavioral Labs Reservation Request**' and attach the form. You will receive confirmation of your lab reservation within 24 business hours by email on weekdays when school is in session. If you haven't received a confirmation within 24 business hours of making your reservation, please email **csomblab@umn.edu**.

Note: Please make sure you fill out all the required fields, as noted with an asterisk (*).

Requestor's Information

Name * _____

Email address * _____

Phone * _____

Primary Contact * _____

Researcher's Information

Enter at least one response

Title (s) of Study* _____

IRB Number * _____

IRB Approval Date (mm/dd/yyyy)

IRB Expiration Date (mm/dd/yyyy)

Principal Investigator * _____

Research assistant(s)

(please list all research assistants who will be in this lab for this research)

Research Subjects

Subjects for research (Please choose) * _____

Rooms and Computers

Room(s) and Computer Station(s) Requested *

- Lab I, Carlson 3-114: Capacity 8 subjects, 8 desktop computers, small conference room, and separate waiting room (**NOTE: If you need access to the separate waiting room, 3-113, please indicate so in the 'Other resources needed' at the end of this form**)
- Lab II, Carlson 4-264: Capacity 6 subjects, 6 desktop computers, large group conference room, private researcher room with desktop
- Lab III, Carlson L-119: Capacity 7 subjects, 7 laptop computers, private carrels
- Lab IV, Carlson 1-148: Capacity 6 subjects, 6 desktop computers, 1 laptop for researcher
- Mobile Lab: 6 laptop computers with cardboard separators, locked in a mobile cart

Very Important: What computer program will you use for your research? *

If you have software you would like installed, please provide the software, the license, and a two-week notice to have software installed before research.

Required Information About Research (Please Answer All)

Study Description (Briefly describe your study) *

Will you be using food or beverages in your research? *

- Yes
- No

If yes, you must get food containers from lab office: 3-358

Desired Dates and Times *

Indicate the date and time you require for your study. INCLUDE SET-UP AND CLEAN-UP TIMES IN YOUR REQUEST.

Comments/Additional Information

Other Resources Needed