Applying for access to NatMEG facilities and service

The below contract is filled in by the person who is the principal investigator for the project.

	oject d Name	letails	
2.	Project code		
3.	Ethical approval		
4.	Principal/responsible investigator a. Name		
	b.	University	
	c.	E-mail	
	d.	Mobile phone	
	e.	Address	
_			
5.	Resear a.	cher(s) involved in the data collection Responsible for setting up the experiment :	
	b.	Responsible for piloting:	
	c.	Responsible for data acquisition:	
	d.	Responsible for data analysis:	
	e.	Responsible for manuscript writing:	
6.	NatMEG staff involved in the project support		
7.	Start date		
8.	End date		

A. PURPOSE OF ACCESS

Please specify the appropriate facility access and service.

For detailed information about user services and costs, see "Appendix A - User Services".

ACADEMIC RESEARCH

- ☐ This application is for an academic research project
 - I qualify for maximum subsidy of lab and service costs.

CLINICAL DEVELOPMENT

- ☐ This application is for a clinical development project
 - I qualify for maximum subsidy of lab and service costs.

CLINICAL ROUTINE

- ☐ This application is for *clinical* routine use
 - Clinical routine use is: epilepsy evaluations and/or functional mapping.
 - I qualify for minimum subsidy of lab and service costs.

INDUSTRY OR OTHER ACCESS

- ☐ This application is for industry or other non-academic, non-clinical use.
 - I do not qualify for any subsidy of lab and service costs.

B. FINANCIALSTATEMENT

- ☐ I agree to cover all costs involved in the project, including MEG lab time and support according to the user service level specified under A above. I confirm that I have sufficient funding for to cover the costs related to this project.
- - ☐ I also agree to cover additional costs at NatMEG for non-standard consumables (i.e. consumables beyond gels, electrodes and subject clothing).
 - ☐ I also agree to cover additional costs and all non-NatMEG costs such as MR scans, and participant incentives, without the involvement of NatMEG.
- ☐ My full invoice address is:

C. LAB AND SAFETY

- I agree to that only trained staff approved by NatMEG will be involved in subject preparation and data recording at NatMEG.
 - ☐ I agree to only use the stimulation, measurement and monitoring devices that are already installed by NatMEG.
 - ☐ I agree to only use equipment that I am authorized to use (i.e. those that I have a NatMEG driver's license to use), and to use this equipment in the intended way only.
 - ☐ I agree to not connect or disconnect any cables or pieces of equipment in the MEG lab without consent from NatMEG personnel.

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