

AMI Centre, Safety and operation instructions

Appendix 1
REQUEST TO CONDUCT RESEARCH

Research number:
Version 1.0
Edited: Tuomas Tolvanen, 9.12.24

1. RESEARCH Name of research / official code and name of the course and university:					
Abbreviation for reservation and data storage (XNAT) system:					
Ethics Committee issuing the supporting statement: Aalto University University of Helsinki HUS Other, what?:					
Person who has applied the statement:					
Short description of the research and its purpose (max 100 words):					
Insurance against loss or damage:					
In case you are using some sequences, coils, or stimulus and monitoring devices that are not accepted by AMI Centre give an overview and justification for their use (continue on a separate sheet, if necessary).					
The purpose of the research: ACADEMIC CLINICAL EDUCATIONAL COMMERCIAL/COMPANY ———————————————————————————————————					
The research is NEUROIMAGING collaboration (Aalto, HUS, UH): yes / no Argument:					
Measurement time required for research (see rates from section FINANCIAL OBLIGATION) hours The end date of the research and/or ethical statement:					
3. RESEARCH IN CHARGE / PRINCIPAL INVESTIGATOR / RESONSIBLE TEACHER Name:					
Address: Email address: Phone number:					
Email-address: Phone number: Employer (department and university / company):					
I guarantee that all of the above is true and I commit to follow the <i>Safety and operations instructions of AMI Centre</i> are all the effective laws and ethical guidelines while conducting this research. I ensure that all the members of the research team will follow them as well.					
Date and place: Signature:					



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	arch team who can r	reserve times (name, email, ph	one number, department and
university/company, mus	t have passed AMI Centr	e's MRI safety course):	
Members of the resea university/company):	rch team who can ac	cess the data (name, email, pl	none number, department and
	rvices/about-research-da	ch data policy. You can read ata-management-and-open-science	
roddion data at loadt for	two wooks.		
	•	will be made available in the reserval billing of Aalto, reference code for	- · · · · · · · · · · · · · · · · · · ·
I agree to pay for the abo	vementioned research a	total of:€ (VAT	Г 0).
NEUROIMAGING collab	orations and education	days 9-16) and out of prime time al users have a discount on rate possibilities of the personnel) is inc	tes. Measurement assistance /
		Aalto / NEUROIMAGING user	External user
Prime time / out of pri	me time	285 € / 210 €	427 € / 299 €
	ne / out of prime time)	142,5 € / 105 €	213,5 € / 149,5 €
_		ne, email) of the person respons	ible for the financial obligation:
Email:	Phone number:		
Date and place:		Signature:	
ACCEPTED ON BEHAL	F OF AMI CENTRE		
7.002. 7.22 0.7 22.77.2			
/202		Technical Director of AMI Cen	tre, Toni Auranen
/202		Director of Aalto Neurolmaging	g infrastructure, Veikko Jousmäki
Aalto University	Postal Address	Street Address	Contacts
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