



**1. RESEARCH**

Name of research: \_\_\_\_\_

\_\_\_\_\_

Desired abbreviation for reservation system: \_\_\_\_\_

Ethics Committee issuing the supporting statement: Aalto University  University of Helsinki  HUS

Other, what?: \_\_\_\_\_

Short description of the research and its purpose (max 100 words): \_\_\_\_\_

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\_\_\_\_\_

Insurance against loss or damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. IMPLEMENTATION OF RESEARCH**

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**

Name: \_\_\_\_\_


Address: \_\_\_\_\_

Email-address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_

I guarantee that all of the above is true and I commit to follow the *Safety and operations instructions of Aalto TMS Laboratory* and 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: \_\_\_\_\_

 <b>Aalto University</b> School of Science	<b>Safety And Operation Instructions at Aalto TMS laboratory</b>	<b>Author, date:</b> Toni Auranen Mikko Nyrhinen, 3.5.2013
	<b>Appendix 3a</b>  <b>REQUEST TO CONDUCT RESEARCH, AALTO/NEUROIMAGING USER</b>	<b>Edited (name, date):</b> Tuomas Tolvanen, 20.3.2014 Mikko Nyrhinen, 19.12.2014

**4. RESERVATION CALENDAR**

Members of the research team who can reserve times (name, email and phone number, must have Aalto TMS Laboratory safety and user course):

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**5. FINANCIAL OBLIGATION** (the amount in here will be made available in the reservation system)

Billing address (also the project number for internal billing of Aalto, reference code for others): \_\_\_\_\_

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I agree to pay for the abovementioned research a total of: \_\_\_\_\_ € (VAT 0).

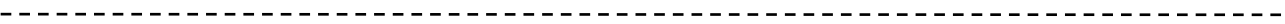
The hourly rate on weekdays 9-16 is 155 € (VAT 0) and on other times 114 € (VAT 0). The hourly rate in NEUROIMAGING collaboration on weekdays 9-16 is 95 € (VAT 0) and on other times 70 € (VAT 0). Measurement assistance on office hours (regarding the possibilities of the personnel) is included in the rates. The rates may vary annually.

Name, signature, and contact information (phone, email) of the person responsible for the financial obligation:

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date and place: \_\_\_\_\_ Signature: \_\_\_\_\_



*ACCEPTED ON BEHALF OF AALTO TMS LABORATORY*

\_\_\_/\_\_\_/201\_\_\_ Scientific director of Aalto TMS, Synnöve Carlson

\_\_\_/\_\_\_/201\_\_\_ Director of Aalto Neuroimaging infrastructure, Veikko Jousmäki