

Research number:



Aalto TMS, Safety and operation instructions
Appendix 3
REQUEST TO CONDUCT RESEARCH

Version 0.1
Edited:
Tuomas Tolvanen 2.2.21

1. RESEARCH

Name of research: _____

Abbreviation for reservation 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: _____

2. IMPLEMENTATION OF RESEARCH

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: _____

Employer (department and university / company): _____

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: _____

Research number:



Aalto University
School of Science

**Aalto TMS, Safety and operation
instructions**
Appendix 3
REQUEST TO CONDUCT RESEARCH

Version 0.1

Edited:
Tuomas Tolvanen 2.2.21

4. RESERVATION CALENDAR

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

5. DATA POLICY

Aalto TMS follows Aalto University research data policy. You can read about the data policy from: <https://www.aalto.fi/en/services/about-research-data-management-and-open-science>.

6. 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): _____

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

The hourly rates (VAT 0) on prime time (weekdays 9-16) and out of prime time can be seen from table below. NEUROIMAGING collaboration users have a discount on rates. Measurement assistance service on office hours (regarding the possibilities of the personnel) is included in the rates. The rates may vary annually.

	Aalto / NEUROIMAGING user	External user
Prime time / out of prime time	100 € / 75 €	153 € / 107 €

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

___/___/202__ _____ Director of Aalto Neuroimaging infrastructure, Veikko Jousmäki