



**1. RESEARCH**

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

Desired 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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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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 *operations instructions of MEG Core* 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: \_\_\_\_\_



**4. RESERVATION CALENDAR**

Members of the research team who can reserve times (name, email and phone number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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): \_\_\_\_\_

\_\_\_\_\_

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

The hourly rate on weekdays 9-16 is 280 € (VAT 0) and on other times 196 € (VAT 0). The hourly rate in NEUROIMAGING collaboration on weekdays 9-16 is 185 € (VAT 0) and on other times 140 € (VAT 0). Measurement assistance service 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: \_\_\_\_\_

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*ACCEPTED ON BEHALF OF MEG CORE*

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