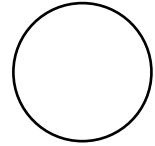




PERMISSION NUMBER
(filled by personnel)



1. RESEARCH

Name of research: _____

Name of the research permission (Desired abbreviation for ANITIME reservation system): _____

Ethics Committee issuing the supporting statement:

Aalto University University of Helsinki HUS Other: _____

Name of the applicant: _____

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

Insurance against loss or damage: Aalto University Other: _____

2. IMPLEMENTATION OF RESEARCH

The research is for EDUCATIONAL PURPOSES (student courses)

Measurement time required for research (see rates from section 5. FINANCIAL OBLIGATION):

AC (unshielded room) _____ hours

DC (shielded room) _____ hours

DAVE (A/V environment) _____ hours

Thermal Camera _____ hours

Expiration date of the research permission in anitime (end date of the research and/or ethical statement): __/__/20__

3. RESEARCHER IN CHARGE / PRINCIPAL INVESTIGATOR / RESPONSIBLE TEACHER

Name: _____

Address: _____


Email-address: _____ Phone number: _____

Employer (School and department, if University): _____

I guarantee that all of the above is true and I commit to follow the *Operations instructions of Aalto Behavioral 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: _____

4. RESERVATION CALENDAR (Members of the research team who can reserve times)

 Aalto University School of Science	Operation Instructions at Aalto Behavioral laboratory Appendix 2 REQUEST TO CONDUCT RESEARCH	Author, date: Veli-Matti Saarinen, 30.5.2024
--	---	---

Name	Email	Phone number

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

Billing address (if Aalto, internal billing address): _____

Project number (Aalto) / Reference code: _____

The hour rate (VAT 0) for all users (The rates may vary annually)

- AC (unshielded room) 20€
- DC (shielded room) 40€
- DAVE (A/V environment) 30€
- Thermal Camera 10€

Measurement assistance service (on weekdays 9-16)

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

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 BEHAVIORAL LABORATORY

___/___/20___ _____ Director of Aalto NeuroImaging infrastructure, Veikko Jousmäki

___/___/20___ _____ Research Engineer of ABL, Veli-Matti Saarinen