



**MAGICS Device at
Aalto NeuroImaging
Aalto Behavioral Laboratory**

REQUEST TO CONDUCT RESEARCH
Nov 28, 2022/Veli-Matti Saarinen

Request to conduct research

RESEARCH		
Aalto Takeout User (the one in the research team who can reserve times)		Name:
E-Mail:	Phone number:	
Name of the Project in the Aalto Takeout reservation calendar:		
Short description of the research and its purpose: _____		
The research doesn't aim for publication: <input type="checkbox"/>		
This is non-human research: <input type="checkbox"/>		
The research is for educational purposes (student courses): <input type="checkbox"/>		
Ethics Committee issuing the supporting statement		
Aalto University: <input type="checkbox"/>	University of Helsinki: <input type="checkbox"/>	HUS: <input type="checkbox"/>
Other <input type="checkbox"/> : Not needed: <input type="checkbox"/>		
Name of the applicant:		
The research is MAGICS collaboration: Aalto <input type="checkbox"/> TAU <input type="checkbox"/> Uniarts <input type="checkbox"/>		
Insurance for personal, or property damage caused to another person: Aalto University (employees): <input type="checkbox"/> Other: <input type="checkbox"/>		

IMPLEMENTATION OF RESEARCH	
Measurement time required for research	
Device	Time (days)
EEGO Sports mobile EEG-equipment	
FLIR T1020 Thermal Camera	



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Pupil Invisible Eye tracking glasses	Number of devices (1-4):	(per device)
Ultium EMG	Number of devices (1-2):	(per device)
HTC VIVE Pro eye		

Short description of the need (number of subject, duration of each measurement, piloting, testing,...)

Expiration date of the research permission in Aalto Takeout
(End date of the research and/or ethical statement): ___/___ 20___

**RESEARCHER IN CHARGE / PRINCIPAL INVESTIGATOR / RESPONSIBLE
TEACHER**

Name:

Address:

Employer (School and department, if University):

I guarantee that all of the above is true and I commit to follow the Operations instructions of MAGICS devices in 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:



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FINANCIAL OBLIGATION [Only for external users(outside MAGICS)]

The amount in here will be made available in the reservation system)

Billing address:

Reference code:

The day rate (VAT 0) for external users (The rates may vary annually)

Device	Euros/day
EEGO Sports	49€
FLIR T1020 Thermal Camera	229€
Pupil Invisible	26€
Ultium EMG	97€
HTC VIVE Pro eye	16€

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

Payment shall be made within thirty (30) days of the date of the invoice. Interest rate for delayed payments will be charged according to Finnish Interest Act.

Person responsible for the financial obligation

Name:

Email:

Phone number:

Date and place:

Signature:

ACCEPTED ON BEHALF OF MAGICS AALTO BEHAVIORAL LABORATORY

___ / ___ 20___ Academic Coordinator of MAGICS, Antti Ruotoistenmäki

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