

MEG SCAN PROTOCOL – EXPERIMENT – NESSY

MEG SCANNING					
Files recorded / Experimental Blocks (for each block: problems #no. of trials; type of stimulus, responses and randomization) <u>use supplement document to specify if needed</u>					
Subject/Patient				MEG-Number OL_ ...	
Study Name					
Responsible researcher(s)				MEG authorisation	yes/no
Signature				Date	
Other people involved				MEG authorisation	yes/no
Starting time			End Time		
Bad Channels					
Noisy Channels					
Problems / Remarks (<u>use supplement document to specify or extend, if needed</u>)					
1. [FileName]					
2. [FileName]					
3. [FileName]					
4. [FileName]					
5. [FileName]					
Statistics					
Set-up time			Preparation time for subject before measurement		
Number of points for head digitization			Noise Level		

MEG SCAN PROTOCOL – Supplement - # ____ of ____.

SCANNING SETUP / MEG SCANNING		
Please specify if setup or scanning protocol supplement – if several pages, please indicate above (# x of y)	Date	
subject/patient <small>(e.g. last name: ER04LF09 same as MRI code; first name: project internal code, otherwise P01 etc.)</small>		
Study Name		