MEG SCAN BOOKING FORM – NESSY

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| --- | --- | --- | --- | --- |
| **Group/Researchers involved** | | | | |
| Responsibleresearcher(s) |  | MEG authorisation | | yes/no |
| Other peopleinvolved |  | MEG authorisation | | yes/no |
| **Principal/Group** |  | | | |
| **Study Name** |  | | | |
| **Signature PI** |  | **Date** |  | |

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| **Study Details** | | | | | | |
| No. subjects/patients |  | | | | | |
| **Funding**  **(complete information)** |  | | | | | |
| **DFG**  **(150€/h)** |  | **Contingent (25€/subject)** |  | **Hearing4all (25€/subject)** |  |
| **Ethics approval** | yes/no | | Ethics approval number |  | | |
| **Researcher MEG experienced? If not collaborating group** | yes/no | | **Scanner operator** |  | | |
| **Total time of measurements** |  | | **Overall time per subject** |  | | |
|  |  | |  |  | | |
| **Date project presented** |  | | **Planned start of scanning** |  | | |

MEG SCAN PROTOCOL – SETUP – NESSY

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| **Group/Researchers involved** | | | | | |
| Responsibleresearcher(s) |  | | **MEG authorisation** | | yes/no |
| Other peopleinvolved |  | | **MEG authorisation** | | yes/no |
| **Principal/Group** |  | | | | |
| **Study Name** |  | | | | |
| **Starting date** |  | **End date** | |  | |

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| **Scanning Setup** | | | | | | | | | | | | | |
| **Scan set-up (tick)**    **add further setup and use supplement document to specify if needed** | | IAS on/off | | | Dewar 0°/60°/68° | | WebCam | | Eye tracker | | Sampling Rate  1 / 3 / 5 kHz | | |
| cHPI | | | Response  Pad(s) 1/2 | | Visual projection | | Electric Stim | | High pass Filter  dc / 0.03 / 0.1 / 10 Hz | | |
| Trigger:  LPT / Triggerbox + Fireface | | | | | Audio:  Headset / Other (specify) | | | | EEG Ch.# 32 / 64 / 128 | | |
| Changes in connections  (add supplement document) | | | | | Further Setup /  Type of Stimulation  (add supplement document) | | | |  | | |
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| **BIO Channel setup** | BIO 01 | | | BIO 02 | | | | BIO 03 | | | | BIO 04 | |
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| BIO 05 | | | BIO 06 | | | | BIO 07 | | | | BIO 08 | |
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| BIO 09 | | | BIO 10 | | | | BIO 11 | | | | BIO 12 | |
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| **MISC Channel setup** | MISC 01 | | | MISC 02 | | | | MISC 03 | | | | MISC 04 | |
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| MISC 05 | | | MISC 06 | | | | MISC 07 | | | | MISC 08 | |
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| MISC 09 | | | MISC 10 | | | | MISC 11 | | | | MISC 12 | |
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| **STIM Channel setup** | STI IN 01 | | STI IN 02 | STI IN 03 | | STI IN 04 | | STI IN 05 | | STI IN 06 | | STI IN 07 | STI IN 08 |
|  | |  |  | |  | |  | |  | |  |  |
| STI IN 09 | | STI IN 10 | STI IN 11 | | STI IN 12 | | STI IN 13 | | STI IN 14 | | STI IN 15 | STI IN 16 |
|  | |  |  | |  | |  | |  | |  |  |
| STI OUT 01 | | STI OUT 02 | STI OUT 03 | | STI OUT 04 | | STI OUT 05 | | STI OUT 06 | | STI OUT 07 | STI OUT 08 |
|  | |  |  | |  | |  | |  | |  |  |
| STI OUT 09 | | STI OUT 10 | STI OUT 11 | | STI OUT 12 | | STI OUT 13 | | STI OUT 14 | | STI OUT 15 | STI OUT 16 |
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MEG SCAN PROTOCOL – EXPERIMENT – NESSY

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| **MEG scanning** | | | | | | | | | | | | | |
| **Files recorded / Experimental Blocks (for each block: problems #no. of trials; type of stimulus, responses and randomization) use supplement document to specify if needed** | | | | | | | | | | | | | |
| Subject/Patient |  | | | | | **MEG-Number**  OL\_ … | | | | | |  | |
| Study Name |  | | | | | | | | | | | | |
| Responsibleresearcher(s) |  | | | | | | **MEG authorisation** | | | | | | yes/no |
| **Signature** |  | | | | | | **Date** | | |  | | | |
| Other peopleinvolved |  | | | | | | **MEG authorisation** | | | | | | yes/no |
| **Starting time** |  | | | **End Time** | | | | | |  | | | |
| **Bad Channels** |  |  | | |  | | | |  | |  | | |
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| **Noisy Channels** |  |  | | |  | | | |  | |  | | |
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| **Problems / Remarks**  **(use supplement document to specify or extend, if needed)** |  | | | | | | | | | | | | |
| **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** | | | | |  | | | | | |
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MEG SCAN PROTOCOL – Supplement - # of .

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