**Request for BrainWorks Access**

**Center for Neurocognition and Behavior, Wu Tsai Institute**

Title of the study: Click or tap here to enter text.

Name of the Principal Investigator: Click or tap here to enter text.

Primary department of the Principal Investigator: Click or tap here to enter text.

Is the Principal Investigator a member of the Wu Tsai Institute? YES NO

Is the Principal Investigator a member of the Faculty of Arts and Sciences? YES NO

The following form must be filled out by investigators wishing to use the resources at BrainWorks. The completed form must be uploaded as a Supporting Document in IRES IRB. The request will be sent to the BrainWorks Governance Committee for pre-review, which serves as an auxiliary panel of the IRB. Approval is contingent upon resource availability and compliance with the safety, training, and other policies/procedures of BrainWorks. Once approved, the protocol will be transferred automatically to the IRB for review. Should changes be requested by the Committee during pre-review, you will be notified in IRES IRB.

1. **Study Information**
2. Planned number of participants: Click or tap here to enter text.
3. Number of sessions per participant: Click or tap here to enter text.
4. Duration of each session: Click or tap here to enter text.
5. Expected project period: from Click or tap here to enter text. to Click or tap here to enter text.
6. Are there any special scheduling requirements (e.g., evenings)? Click or tap here to enter text.
7. Will you be using the Milgram computing cluster to store and analyze data? YES NO

If YES, a. Does the PI’s laboratory already have a storage partition and user accounts? YES NO

b. How much storage do you estimate this project will require? Click or tap here to enter text.

1. Will you be using the Misha computing cluster to store and analyze data? YES NO

If YES, a. Does the PI’s laboratory already have a storage partition and user accounts? YES NO

b. How much storage do you estimate this project will require? Click or tap here to enter text.

1. **Resources**
2. Which existing BrainWorks resources will you use? Check all that apply.

MRI  Mock MRI

TMS

In-lab EEG  Wearable EEG

In-lab NIRS  Wearable NIRS

MEG-SQUID  MEG-OPM

VR/Motion Capture

Eye-tracking with above modalities)  Eye-tracking with behavioral testing

In-lab physiology (e.g. EMG, EDA/GSR)  Wearable physiology (e.g. EMG, EDA/GSR)

Sleep room

Behavioral testing rooms

Other: Click or tap here to enter text.

1. Does your project require any additional equipment to be integrated  
   with existing BrainWorks resources? YES NO  
   If YES, describe the additional equipment and justification. Click or tap here to enter text.
2. Does your project require any material or supplies to be stored at BrainWorks? YES NO

If YES, provide a description of the items to be stored, location, approximate space requirements, and justification for not storing these materials elsewhere: Click or tap here to enter text.

1. **Personnel**
2. Names of investigators certified by BrainWorks to operate the requested equipment (one or more of these individuals takes responsibility for the safe operation of the equipment and must be present for the entirety of every session):  
   Click or tap here to enter text.
3. Names of additional investigators certified by BrainWorks to assist with the requested equipment:  
   Click or tap here to enter text.
4. Has the PI and everybody listed above read and signed the BrainWorks policies   
   applicable to the requested resources? ☐YES ☐NO
5. **Funding**
6. Do you have any *external* funding sources available to cover service charges? YES NO

If YES, please provide agency, award number, and charging instructions (i.e., COA) for all accounts:  
Click or tap here to enter text.

1. Do you have your own *internal* funding available to cover service charges? YES NO

If YES, please provide source and charging instructions (i.e., COA) for all accounts:  
Click or tap here to enter text.

1. If you answered NO to both questions above, will the data you collect be used  
   to support new grant applications? YES NO
2. **Engagement**
3. Has the PI or researcher presented the proposed project at a BrainWorks PIP meeting? YES NO

If NO, please acknowledge that the PI must do so before collecting data:  I agree

Approximate date of presentation: Click or tap here to enter text.

All BrainWorks PIs and personnel are expected to attend PIPs, to learn what others are working on, to receive additional training information, and to stay updated on equipment and resources available at BrainWorks.

1. **Acknowledgements and Open Science**
2. Do you agree to include an acknowledgment that “this study was supported by BrainWorks at the Center for Neurocognition and Behavior in the Wu Tsai Institute, Yale University” in any scholarly products resulting from research conducted at BrainWorks?  I agree
3. Do you agree to cite the Research Resource Identifiers (RRIDs)   
   associated with applicable BrainWorks resources in any scholarly products?  I agree
4. Do you agree to deposit your de-identified data, protocols, and analysis codes  
   in a public repository upon publication?  I agree
5. **Wu Tsai Institute Mission**

Please articulate how your project aligns with the mission of the Wu Tsai Institute to “understand human cognition and explore human potential by sparking interdisciplinary inquiry” (250 words max):

Click or tap here to enter text.