**THE CHINESE UNIVERSITY OF HONG KONG**

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| **For Office Use Only** | |
| Reference No. |  |

**BRAIN AND MIND INSTITUTE**

**fNIRS Hyperscanning Shared Facility (fHSF)**

Tel: (852) 39435464 Email: hkbrain@cuhk.edu.hk

**Usage Application Form**

Please study the Policy for Research Users carefully before filling the application form.

Prior to application, the following approvals should be obtained:

* Research Ethics from Joint Chinese University of Hong Kong- New Territories East Cluster Clinical Research Ethics Committee (NTEC - CREC), and any other ethics board as appropriate.

Required Documents:

* Proof of approval of ethics protocol and template of participant consent form (statement of risks and discomforts should be included)
* Additional documents, information or clarification as requested by fHSF

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| **Part A. Information of Principal Investigator (PI)** | |
| Full Name (in English): |  |
| Department / Unit: |  |
| Position: |  |
| Contact No.: |  |
| Email: |  |

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| **Part B. Other Contact Person for Administrative Procedures Coordination (If any)** | |
| Full Name (in English): |  |
| Department / Unit: |  |
| Position: |  |
| Contact No.: |  |
| Email: |  |

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| **Part C. Study Information** | | | | |
| C1. Scientific Title of Study | | | | |
| C2. Abstract (Please provide details about the study background, methods and expected results) | | | | |
| C3. Study Start Date | | | | |
| C4. Study End Date | | | | |
| C5. No. of fNIRS machine going to be used at a time | | | | |
| C6. Location for performing the experiment | | | | |
| C7. Sample | | | | |
| Target no. of participants: |  | Age Range: |  | |
| C8. Ethics Approval | | | | |
| Research ethics obtained  (Approval document should be provided) | 🗆 From Joint Chinese University of Hong Kong- New Territories East Cluster Clinical Research Ethics Committee (NTEC - CREC) | | | |
| 🗆 From other ethics board. Please specify: | | | |
| 🗆 No | | | |
| Template of Participant Consent Form  (Approved consent form should be attached) | 🗆 Obtained (Statements of *Risks and Discomforts* should be included). | | | 🗆 No |
| C9. Funding Source | | | | |
| 🗆 UGC funded (Funding Scheme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_)  🗆 Non-UGC funded (Name of Funding body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |

Please “🗹” the appropriate box(es)

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| **Part D. Declaration by Principal Investigator** | | |
| 1. I declare that the information supplied is to the best of my knowledge and accurate, and understand any incomplete or/and incorrect information may lead to delay or decline of application. 2. I agree to promptly report to the fNIRS Hyperscanning Shared Facility:  * Any instances of damage or issues encountered during the use of the facility. * Any complaints received from research participants.  1. I agree to be responsible for the safety, comfort and well-being of the research participants. 2. I agree to be responsible for any charges incurred for repairs or replacement resulting from damages caused by my research team to the facility. 3. I agree to comply with the rules and regulations as stipulated in the *fNIRS Hyperscanning Shared Facility Policy for Research Users*, and further agree to ensure that all associates, colleagues and employees assisting in the study are informed about the policy. | | |
| On behalf of the research team, I confirm our acceptance and agreement to be bound by the fNIRS Hyperscanning Shared Facility Policy for Research Users. We commit to carrying out any necessary actions to implement these policy effectively. We have thoroughly reviewed the terms and conditions of the application and pledge to comply with them upon the successful approval of our request. | | |
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| PI’s printed name | PI’s signature | Date |

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| **Part E. Endorsement by the Department Chairperson/ Unit Head** | | |
| The Department/Unit will take responsibility in case of damage to ensure any necessary repairs or replacement of equipment or facilities will be covered. | | |
| 🗆 Endorsed 🗆 Not Endorsed | | |
| Comment (if any) | | |
|  |  |  |
| Printed name and Post | Signature | Date |

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| **Part E. fHSF Usage Review (Office Use Only)** | | |
| fHSF Committee Approval | | |
| 🗆 Approve 🗆 Pending for amendment 🗆 Reject | | |
| Comment (if any) | | |
|  |  |  |
| fHSF Committee’s printed name | Signature | Date |

Please “🗹” the appropriate box(es)