

**THE CHINESE UNIVERSITY OF HONG KONG**  
**BRAIN AND MIND INSTITUTE**  
**fNIRS Hyperscanning Shared Facility (fHSF)**  
 Tel: (852) 39435464 Email: hkbrain@cuhk.edu.hk

For Office Use Only	
Reference No.	

### 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

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

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

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)	<input type="checkbox"/> From Joint Chinese University of Hong Kong- New Territories East Cluster Clinical Research Ethics Committee (NTEC - CREC)		
	<input type="checkbox"/> From other ethics board. Please specify:		
	<input type="checkbox"/> No		
Template of Participant Consent Form (Approved consent form should be attached)	<input type="checkbox"/> Obtained (Statements of <i>Risks and Discomforts</i> should be included).		<input type="checkbox"/> No
C9. Funding Source			
<input type="checkbox"/> UGC funded (Funding Scheme: _____ Reference No.: _____)			
<input type="checkbox"/> Non-UGC funded (Name of Funding body: _____)			

Please "☑" the appropriate box(es)

**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.
3. I agree to be responsible for the safety, comfort and well-being of the research participants.
4. I agree to be responsible for any charges incurred for repairs or replacement resulting from damages caused by my research team to the facility.
5. 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.

PI's printed name	PI's signature	Date

**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

**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)