



Project Protocol Application Form

Date: 30/01/2025

Author: Olivier Reynaud

Version: 4.01

Do not fill out this box

Validation:

Date Approved:

Title of the project: _____

Project code (Tag): _____

Project starting date: _____

Applicant first name: _____

Email: _____

PI first name: _____

Email: _____

Institution: _____

Other investigators requiring
booking privileges: _____

Ethics Committee (EC) Approval: _____

Funding source: _____

Type of population: _____

Participants' age range: _____

Billing Address: _____

City: _____

State: _____

Type: _____

End date: _____

Last name: _____

Tel: _____

Last name: _____

Tel: _____

Lab/Unit: _____

EC name: _____

Duration: _____

To _____

Other: _____

ZIP code: _____

Country: _____

Required equipment is detailed on page 2.

It is the responsibility of the PI that any experiment conducted at the FCBG platforms or using FCBG platform equipment has obtained any ethical or a regulatory approval required by law and is performed in compliance with them. Applicable Swiss laws related to human research include the Human Research Act and the related Ordinances HRO and ClinO. Local and national ethical requirements can be consulted at www.swissethics.ch.

Training cost may apply, as detailed in the guidelines and use policy & agreement documents of each platform. The rates and use policy and agreement documents relative to each of the selected platforms are publicly available on the FCBG website at <https://fcbg.ch>

The undersigned (PI) of the study certifies that all the information provided here is correct and acknowledges to have read, understood, and accepted the platform guidelines and rates corresponding to its institution.

.....
Date

.....
Signature of the PI



Project Protocol Application Form

Date: 30/01/2025

Author: Olivier Reynaud

Version: 4.01

Resources needed by platform

7 Tesla MRI Resources	# of subjects: _____	Hours per subject: _____	Total # of hours: _____
Special requests			
3 Tesla MRI Resources	# of subjects: _____	Hours per subject: _____	
Special requests			
MEG Resources	# of subjects: _____	Hours per subject: _____	
Special requests			
EEG Resources	# of subjects: _____	Hours per subject: _____	
Special requests			
VR and Digital Engineering Resources	# of subjects: _____	Hours per subject: _____	
Special requests			
Neuromodulation Resources	# of subjects: _____	Hours per subject: _____	
Special requests			
Biomarkers Resources	# of subjects: _____	Samples / subject: _____	
Biomarkers needed			
Special requests			
Clinical and Sleep Resources	# of subjects: _____	Hours per subject: _____	
Special requests			

Key-words:

Background and Significance (required):

Research Plan (required):

Imaging protocol (required):

Approach to data analysis:

Additional hardware and software requirements / Special requests:

Equipment use in external location:

Other relevant information / Comments:

- This completed form should be signed by the PI and sent to the relevant head(s) of platform via the online contact form available at <https://platforms.fcbg.ch/form>.