Please complete this form and email to the LIVELab Research Coordinator (livelab@mcmaster.ca). Your research protocol will be reviewed by the LIVELab Advisory Committee (LAC) and if approved, LIVELab staff will discuss study dates, pricing, and technical details during a consultation.

### Part 1: Study Overview

<table>
<thead>
<tr>
<th>Study Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator</td>
</tr>
<tr>
<td>Co-Investigators</td>
</tr>
<tr>
<td>Number of Days Needed</td>
</tr>
<tr>
<td>Funding Sources (if known)</td>
</tr>
</tbody>
</table>

### Part 2: Study Details

**A. Purpose**
Describe the purpose of the study and the research questions you wish to address (max 200 words)

**B. Methods**
Briefly describe the methods you will be using to answer your research questions (max 400 words)
### Part 3: Study Participants

Will your study collect data from human participants?

- [ ] Yes
- [ ] No (If no, please proceed to Part 4)

#### A. Recruitment

What are your sources for recruiting participants?

<table>
<thead>
<tr>
<th>How many participants do you hope to run?</th>
<th>Do you require the use of the LIVEPeople database?</th>
<th>Will participants need to park on campus?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

#### B. Ethics

Do you currently have ethics clearance to run an experiment in the LIVELab?

- [ ] Yes
- [ ] No

If yes, what is your protocol clearance number:

If no, will you require us to create an ethics application (fee may apply)?

- [ ] Yes
- [ ] No
- [ ] Unsure

### Part 4: Technology Requirements

#### A. EEG/Physiology

- Will you record EEG?
  - [ ] Yes
  - [ ] No

- Will you record Heart Rate/BR?
  - [ ] Yes
  - [ ] No

- Will you record GSR?
  - [ ] Yes
  - [ ] No

- How many EEG/physiology participants do you wish to run per session (max 32)?

- Will you require dense array caps (64 channels) for stage performers (max 4 caps)?
  - [ ] Yes
  - [ ] No

- Will you require the LIVELab to provide trained assistants to fit participants with sensors?
  - [ ] Yes
  - [ ] No

#### B. Motion Capture/EMG

Please check who you will capture motion from:

- [ ] Stage Performers
- [ ] Audience Members
- [ ] Neither

- Will you record EMG data?
  - [ ] Yes
  - [ ] No

#### C. Virtual Acoustics/Recording

- Will you require Virtual Acoustics for your experiment?
  - [ ] Yes
  - [ ] No

If yes, please describe the environment you wish to create:

- Do you plan to record the audio during a session?
  - [ ] Yes
  - [ ] No

If yes, please describe what you wish to record (ie, audience sounds, the performance, etc.)

- Will you be using the Yamaha Disklavier?
  - [ ] Yes
  - [ ] No
### D. Stimuli

Will you be using the following types of stimuli:  
- [ ] Audio  
- [ ] Video/PPT  
- [ ] Both  
- [ ] Neither  

Have you developed your stimuli?  
- [ ] Yes  
- [ ] No

If no, will you require us to develop and program your stimuli?  
- [ ] Yes  
- [ ] No

### E. Tablets

Will you have participants provide responses on tablets (additional fees apply)?  
- [ ] Yes  
- [ ] No (if no, proceed to Part 5)

Have you developed a list of questions that will be asked on the tablets?  
- [ ] Yes  
- [ ] No

### Part 5: Analysis

Will you require LIVELab staff to analyze any or all of the data that is collected?  
- [ ] Yes (additional fees will apply)  
- [ ] No

### Part 6: Academic Credit

Is this project for Module Credit?  
- [ ] Yes  
- [ ] No

### Part 7: Advisor Approval

Faculty academic advisor name:

Faculty academic advisor signature:

### Part 8: Additional Requirements

A. If you have any additional special requirements that were not addressed on this form, please describe them below