

RESEARCH PROPOSAL FORM

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		
Study Title		
Principal Investigator	Email Address	Phone Number (or extension)
Co-Investigators		Primary Contact (Name & Ext)
Number of Days Needed	Preferred Start Date	
Funding Sources (if known)		
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?

How many participants do you hope to run?

Do you require the use of the LIVEPeople database?

Yes No

Will participants need to park on campus?

Yes No

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: <input type="checkbox"/> Audio <input type="checkbox"/> Video/PPT <input type="checkbox"/> Both <input type="checkbox"/> Neither	
Have you developed your stimuli? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, will you require us to develop and program your stimuli? <input type="checkbox"/> Yes <input type="checkbox"/> No
E. Tablets	
Will you have participants provide responses on tablets (additional fees apply)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, proceed to Part 5)
Have you developed a list of questions that will be asked on the tablets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 5: Analysis	
Will you require LIVELab staff to analyze any or all of the data that is collected? <input type="checkbox"/> Yes (additional fees will apply) <input type="checkbox"/> No	
Part 6: Additional Requirements	
A. If you have any additional special requirements that were not addressed on this form, please describe them below	