This form represents a request to initiate development of a project but is not financially or contractually binding. Please complete all indicated fields and send a copy to **bmchmovan@unomaha.edu** with any and all supporting information, specifications, relevant research and background information that could assist in an accurate service quotation. The Movement Analysis Core will provide an assessment and e-mail response within 3-5 business days. This document and information submitted alongside it will be kept confidential.

Project Initiation No.	PROJECT INITIATION NUMBER TO BE ASSIGNED BY MOVAN PERSONEL	Project Name	
Requester Name		**Company/Institution**	

Street Address	**City**	**State**	**Zip Code**	**Date**

Email Address	**Primary Phone Number**

Type of Request (select all that apply)
- ☐ Data Processing
- ☐ Experiment Design
- ☐ Experiment Execution
- ☐ Training
- ☐ Consultation
- ☐ Access to Resources
- ☐ Other: _____

(See page 2)

Funding Source
- ☐ Federal
- ☐ State
- ☐ Commercial
- ☐ Other

Specify Funding Source

Granting Body, Organization, or Institution	Identification Number	Cost Center

Project Summary (attach additional information as needed)

Budget (attach additional information as needed)

Timeline (attach additional information as needed)

Confidentiality
Will this project include confidential information or intellectual property? If so please provide an overview.

All potential users internal to the University of Nebraska system should complete pages 2 through 5 to the best of their knowledge.

Is this a pilot project?	☐ Yes	☐ No
What is the status of the IRB?	☐ Approved	☐ Pending ☐ Not applicable
If applicable, what is the IRB number?		

Describe the funding for this project:	☐ Funding is available.	☐ A voucher will be requested.
Is this project related to another project?	☐ Yes	☐ No

If yes please list project names.

1)

2)

3)

If applicable who is the faculty/supervisor for this project?	

What MOVAN spaces do you forsee this project using? Please select all likely and potential spaces.

☐ BRB 021, Aquatic Therapy Laboratory   ☐ BRB 116, Main Gait Laboratory
☐ BRB 027, CAREN VR Laboratory   ☐ BRB 123, Balance and Strength Laboratory
☐ BRB 035, Gait Laboratory   ☐ BRB 129, Brain Imaging Laboratory
☐ BRB 037, Bioinspired Robotics Laboratory ☐ BRB 158, Academic Laboratory
☐ BRB 103 GRAIL VR Laboratory

What types of equipment or methods do you forsee this project using? Please select all likely and potential options.	☐ Dynamometry ☐ Electroencephalography ☐ Electromyography ☐ Eye tracking ☐ Footswitches ☐ Force plates ☐ Functional near infrared spectroscopy ☐ High-speed digital video ☐ Inverse dynamics	☐ Motion capture, traditional ☐ Motion capture, inertial ☐ Overground walking ☐ Postureography ☐ Prothetics or orthotics ☐ Treadmill walking ☐ Treadmill running ☐ Underwater movement ☐ Virtual reality

How would you rate the ability of MOVAN spaces to meet your needs?

☐ 1- Definitely Not   ☐ 2- Probably Not   ☐ 3- Possibly   ☐ 4- Probably   ☐ 5- Very Probably   ☐ 6- Definitely

If you selected 1 through 4 above please explain why.

CENTER FOR RESEARCH IN HUMAN MOVEMENT VARIABILITY
MOVEMENT ANALYSIS CORE

If persons will need direct access to MOVAN resources please fill out their information below. There are additional pages if more users need to be added. The fee to gain access to MOVAN resources assumes that individuals can use them independently and without assistance. Any time spent consulting or training with MOVAN laboratory space beyond incidental maintenance will be billed hourly rates accordingly.

User 01 Name:

Email:

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ This person is leading the project

Needs access to:
☐ Labs
☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 02 Name:

Email:

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ This person is leading the project

Needs access to:
☐ Labs
☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 03 Name:

Email:

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ This person is leading the project

Needs access to:
☐ Labs
☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 04 Name:

Email:

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ This person is leading the project

Needs access to:
☐ Labs
☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 05 Name:

Email:

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ This person is leading the project

Needs access to:
☐ Labs
☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 06 Name:

☐ This person is leading the project

Email:

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student   ☐ Staff
☐ Graduate student   ☐ Faculty
       ☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 07 Name:

☐ This person is leading the project

Email:

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student   ☐ Staff
☐ Graduate student   ☐ Faculty
       ☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 08 Name:

☐ This person is leading the project

Email:

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student   ☐ Staff
☐ Graduate student   ☐ Faculty
       ☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 09 Name:

☐ This person is leading the project

Email:

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student   ☐ Staff
☐ Graduate student   ☐ Faculty
       ☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 10 Name:

☐ This person is leading the project

Email:

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student   ☐ Staff
☐ Graduate student   ☐ Faculty
       ☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 11 Name:

☐ This person is leading the project

Email:

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student   ☐ Staff
☐ Graduate student   ☐ Faculty
       ☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 12 Name:

Email:

☐ This person is leading the project

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 13 Name:

Email:

☐ This person is leading the project

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 14 Name:

Email:

☐ This person is leading the project

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 15 Name:

Email:

☐ This person is leading the project

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 16 Name:

Email:

☐ This person is leading the project

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box

User 17 Name:

Email:

☐ This person is leading the project

Needs access to:
☐ Labs

Check the box best describing their position.
☐ Undergraduate student ☐ Staff
☐ Graduate student ☐ Faculty
☐ Professional

☐ Lab Calendar (reservation permissions)
☐ BMCH-MOVAN on Canvas
☐ MOVAN resources on Box