

DecNef-Project Consortium

<http://www.cns.atr.jp/decnefpro/>

## Application Form for Data Usage

I, the undersigned, understand that the DecNef-Project Consortium requires that the following Data Use Terms be signed, submitted and approved before applicants may receive access to the Database generated by the Decoded Neurofeedback Project within Strategic Research Program for Brain Sciences (SRPBS), BMI Technology Application of DecNef for development of diagnostic and care system for mental disorders and construction of clinical application bases supported by supported the Japanese Advanced Research and Development Programs for Medical Innovation (AMED). I hereby give consent to the following terms of use of the Database (hereinafter referred to as “DNP Data”).

### **A. Definitions of DNP Data Elements covered by these terms:**

1. Matrix data of functional connectivity conducted by resting-state fMRI
2. Brain Imaging dataset (resting-state fMRI, T1w, and fieldmap (optional))
3. Subject information (gender, age, hand, diagnosis, clinical rating scales)

### **B. Qualification to Obtain Access:**

I, as an applicant, am expected to meet one of the following criteria to qualify as a party granted access to DNP Data:

1. I am a Principal Investigator (PI) of scientific research at a university, a research organization (including commercial entities) or a government agency who is the leader of a laboratory or research team or who is working independently; or
2. I can provide the name of the PI who is overseeing my research and is approved for access under #1.
3. If I do not meet either of the above criteria, I may still be considered qualified based on a track record of scientific publications or on the basis of a written reference from someone who meets qualification #1, verifying that the data will be used only for the purpose of legitimate scientific research.

### **C. Responsibility for DNP Data**

1. ATR is responsible for the data uploaded to the DNP Database. If ATR finds any bug or mistake, ATR will appropriately update the database and release information describing such changes on the DNP Database website (<http://www.cns.atr.jp/decnefpro/>).
2. ATR accepts no responsibility for any direct or indirect damage or any loss attributed to the use of DNP Data.

## D. Obligations of Applicant

I request access to NPB Data collected by the ATR DecNef Project (ATR-DNP). To ensure proper use of DNP Data and to protect the privacy of DNP subjects, I agree to abide by the following terms.

- \_\_\_\_\_ 1.  I am a Principle Investigator (PI) as defined above in B.1.  
Initial **OR**  
 I am not a PI.  
Please complete and submit this application. ATR must additionally receive an application from the applicant's PI before ATR can process this application.  
 Name of PI (please print legibly) \_\_\_\_\_
- \_\_\_\_\_ 2. I will not redistribute the DNP Data.  
Initial
- \_\_\_\_\_ 3. I will keep DNP Data secure (password protected so that the data are  
Initial accessible only to individuals who have already been granted access).
- \_\_\_\_\_ 4. To meet restrictions on publishing DNP Data elements of individual  
Initial subjects, I will assign and only use my own study-specific subject ID for each individual, e.g. subjects A, B, C, etc.
- \_\_\_\_\_ 5. I will use the DNP Data exclusively for the purposes of scientific research,  
Initial technology development, and education under the auspices of an academic, research, government or commercial entity.
- \_\_\_\_\_ 6. I will contact ATR by email when I publish manuscripts, conference  
Initial presentations, or other publicly available documents.
- \_\_\_\_\_ 7. I will not assume or assert that ATR has any responsibility for any direct  
Initial or indirect damage or loss attributed to use of DNP Data.
- \_\_\_\_\_ 8. I will cite DNP Data using the expressions given on the DNP Database  
Initial website (<http://www.cns.atr.jp/decnefpro/>).

Applicant information (required for all applicants):

Name: \_\_\_\_\_

Position or title: \_\_\_\_\_

(e.g. Professor, Postdoc, Graduate Student)

Institutional affiliation: \_\_\_\_\_

Highest academic degree: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

➔ NOTE: Either electronic or handwritten initials and signatures will be accepted.

Submitting this application

The applicant should save this completed, signed and initialed form, naming it with applicant's family name and first initial (e.g. Yamada\_T.pdf), and send it as a scanned PDF file or JPEG/PNG/TIFF image to [decnef-db-admin@atr.jp](mailto:decnef-db-admin@atr.jp).

➔ Please note that it may take up to a week before this application is considered for processing.

Questions about this document and its provisions should be sent to [decnef-db-admin@atr.jp](mailto:decnef-db-admin@atr.jp).