SAPIEN LABS

Please complete and send this form to **info@sapienlabs.org**

ORGANIZATIONAL PROFILE

1. Name of the Organization: _____ **2. Year Established:** _____

3. Type of Organization: ◯ **FOR-PROFIT**   ◯ **NON-PROFIT**

◯ Educational Institution   ◯ Research Institute   ◯ Community Organization   ◯ Public Health Organization

4. If Educational Institution, degrees offered (check all that apply)**:**

☐ Bachelors   ☐ Masters   ☐ PhD   ☐ Medical Degree

5. Please check if your organization has any of the following departments/fields of study:

☐ Neuroscience   ☐ Neurology   ☐ Computer Science   ☐ Data Science

☐ Psychiatry   ☐ Psychology   ☐ Cognitive Science ☐ Anthropology

☐ Public Health   ☐ Sociology   ☐ Electrical Engineering

6. How large is the student body? _____ Undergrads _____ Grads

7. What is your primary language of instruction/operation? _____

8. How comfortable is your student body/ staff with English?

☐ Very fluent ☐ Can understand but not speak fluently ☐ Rudimentary understanding ☐ Little to no knowledge

HUMAN BRAIN RESEARCH EXPERIENCE

9. Does your organization have or have access to any of the following brain imaging equipment?

☐ MRI   ☐ fMRI   ☐ MEG   ☐ EEG

10. If your organization already has EEG equipment what kind? Please indicate manufacturer and model:

1. _____
2. _____
3. _____

11. Does anyone in your organization have experience with EEG?   ◯ Yes   ◯ No

12. If Yes, how many people currently work with EEG? _____

SURROUNDING POPULATIONS

13. Do you work with surrounding communities in any context (e.g. outreach clinics, public health projects, community surveys etc.)?   ◯ Yes   ◯ No

14. If yes, please describe the communities and context (max. 100 words) e.g. refugee populations, farmers

PERSONNEL

Please provide names and titles and brief bio of upto three key people who would be involved in the Neurolab project:

👤 PERSON 1

Name _____   Title _____

Email _____   Education _____

Brief Bio (100 words)

_____

👤 PERSON 2

Name _____   Title _____

Email _____   Education _____

Brief Bio (100 words)

_____

👤 PERSON 3

Name _____   Title _____

Email _____   Education _____

Brief Bio (100 words)

_____

NEUROLAB INTEREST

16. **Which of the following are you interested in:**

☐ *Mental Health and Wellbeing*

☐ *Cognitive Health*

☐ *Neurological Disorders*

17. **Please describe your interest in becoming a Neurolab Partner (max. 500 words):**