

Brain-CODE Standard MEG Protocol and Study Form (v1.0)

Dear MEG Working Group Members,

The form below contains only the protocol and study specific parameters. This form would be completed one time for every protocol, and subsequently for any protocol changes. This will then serve as a protocol log, which would be applicable to all participants in the study.

Please send all feedback and comments to mjavadi@indocresearch.ca

Thank you for your continued engagement and invaluable input.

Mojib

MEG System Information

Indicate the MEG system used in this study.

- Site: Sick Kids (HSC) Make & Model: MEG Services International / MISL (formerly CTF Systems)
Manufactured Date: Installed Jan. 2000 Number of Channels: 151 (Please note that this system is now out of service and should only be selected for retrospective data entry)
- Site: Sick Kids (HSC) Make & Model: MEG Services International / MISL (formerly CTF Systems)
Manufactured Date: 2002 Refurbished 2010 Number of Channels: 151
- Site: Sick Kids (HSC) Make & Model: MEG Services International / MISL (formerly CTF Systems)
Manufactured Date: Installed Jul. 2016 Number of Channels: 151
- Site: Baycrest/Rotman Research Institute (BYC)
Make & Model: MEG Services International / MISL (formerly CTF Systems) Manufactured Date: ??? Number of Channels: 151
- Site: Toronto Western (TWH) Make & Model: Elekta Neuromag Truix Manufactured Date: Mar. 2011 Number of Channels: 306 (102 Gradiometers + 204 Magnetometers)
- Other (specify)

What is the site of the unlisted MEG system?

- Baycrest Hospital (BYC)
- BC Children's Hospital (BCH)
- Brock University (BRU)
- Centre for Addictions and Mental Health (CAM)
- Children's Hospital of Eastern Ontario (CHO)
- Children's Treatment Network of Simcoe-York (CTN)
- Elizabeth Bruyere Hospital (EBH)
- ErinoakKids Centre for Treatment & Development (EOK)
- Grandview Children's Centre (GCC)
- Hamilton General Hospital (HGH)
- Hamilton Health Sciences (HHS)
- Health Sciences North (HSN)
- Holland Bloorview Kids Rehabilitation Hospital (HBK)
- Hospital for Sick Children (HSC)
- Hotel Dieu Hospital (HDH)
- Lawson Health Research Institute (LHR)
- London Health Sciences Center (LHS)
- Lundbeck (LBK)
- McGill University (MCG)
- McMaster Children's Hospital (MCH)
- McMaster University (MCU)
- McMaster University Medical Center (MCM)
- Ontario Cancer Biomarker Network (OCB)
- Ottawa Children's Treatment Centre (OCC)
- Parkwood Hospital (PKH)
- Queen's University (QNS)
- St Joseph's Hospital (SJH)
- St. Michael's Hospital (SMH)
- Sunny Brook Health Sciences Center (SBH)
- Thames Valley Children's Centre (TVC)
- The Ottawa Hospital (TOH)
- Thunder Bay Regional Research Institute (TBR)
- UHN-Toronto General Hospital (TGH)
- UHN-Toronto Western Hospital (TWH)
- University of British Columbia (UBC)
- University of Calgary (UCA)
- University of Guelph (UGU)
- University of Toronto (UTO)
- University of Ottawa (UOT)
- Western University (WEU)

What is the make of the unlisted MEG system?

- Elekta
- CTF
- 4D
- Yokogawa
- Other (specify)

Specify the make of the MEG system.

What is the model of the unlisted MEG system?

What is the manufactured date of the MEG system?

Number of Channels of the MEG system specified above.

Collection Methods: General

Sampling frequency (Hz)

(Hz)

How was the data collected?

- Continuous
 Epoched

Please provide a detailed description of the MEG stimuli presented to the participant.

 (i.e. If visual stimuli were utilized, was a photodiode also used?)

Were visual stimuli utilized?

- No
 Yes

Please provide a detailed description of the MEG task(s) performed by the participant.

Subject Response Types Collected:

- Button press
 Voice/audio
 None
 Other (please specify)

Please specify the subject response type collected.

Please specify trigger code numbers and their associated descriptions.

Collection Methods: Channel Setup

Head localization:

- Off
 Continuous
 Pre-scan
 Post-scan
 Pre- and Post-scan
 N/A

Were additional channels (e.g. Eye tracker) Utilized?

- Yes
 No

Please indicate the type of additional channel used.

Please indicate the number of additional channel used for the channel type specified above.

Were there any other additional channels used?

- Yes
 No

Please indicate the type of additional channel used.

Please indicate the number of additional channel used for the channel type specified above.

Were there any other additional channels used?

- Yes
 No

Please indicate the type of additional channel used.

Please indicate the number of additional channel used for the channel type specified above.

Were there any other additional channels used?

- Yes
 No

Please indicate the type of additional channel used.

Please indicate the number of additional channel used for the channel type specified above.

Collection Methods: Filtering

Low pass filter:

High pass filter:

Notch Filter Applied:

- None
- 60 Hz/Powerline
- Other (please specify)

Please specify what other Notch filter was applied (Hz)

(Hz)

Notch width of the filter specified above (Hz):

(Hz)

Additional Details (Optional)

Noise Reduction Gradient Applied:

- 1st Gradient
- 2nd Gradient
- 3rd Gradient
- 3rd Gradient + Adaptive
- None
- Other

Please specify what noise reduction gradient was applied.

Adaptive filtering:

- None
- Adaptive only
- 1st + adaptive
- 2nd + adaptive
- 3rd + adaptive
- Other (specify)

Specify other adaptive filtering applied.

Additional comments:

Brain-CODE Standard MEG Session Form (v1.0)

Dear MEG Working Group Members,

The form below contains only the session specific parameters. This form would be completed for each participant at every event that includes a MEG session. Please note that the responses to the first question regarding which protocol was utilized in the session, is fed by the "MEG Protocol & Study Parameters" form that is also under your review.

Please send all feedback and comments to mjavadi@indocresearch.ca

Thank you for your continued engagement and invaluable input.

Mojib

Session Information

Please select the MEG protocol used for this session.
(Please see the file repository for documentation
of listed protocols)

- IDP01_HSC_MEG_PROTOCOL001
 IDP01_HSC_MEG_PROTOCOL002
 IDP01_TWH_MEG_PROTOCOL001

Date of scan (DD/MM/YYYY):

Time of Scan:

Duration of Scan (in minutes):

(in minutes)

Participant Setup

Upload any files required for determining fiducial
placement.

Subject position:

- Seated
 Supine

Please describe any additional participant setup or
deviations from the protocol.

Collection Methods: Channel Setup

Please indicate any channel numbers omitted from
acquisition (e.g. broken/noisy):

Additional Details (Optional)

Was sedation used?

- Yes
- No

Please describe type of sedative, dose and how long before the MEG session it was administered.

Was a structural MRI performed?

- Yes
- No
- Unknown

Date of structural MRI (DD/MM/YYYY):

Analysis Preparation: Please indicate what type of filtering was used in analysis preparation.

Analysis Preparation: Please indicate what artifact rejection methods were utilized in analysis preparation.

Please describe additional analysis preparation.

Please upload any analysis related files.

Additional Comments

Additional comments:
