Appendix E: CCBBI TMS Study Application

Please complete the following required fields:

PI: _____ Email: _____

IRB Protocol #: _____

Title of study: _____

TMS Study Risk Classification (Class 1, 2, or 3, please refer to Rossi et al., 2009 and Rossi et al. 2021):

☐ Class 1. Who is the covering MD on site? _____

☐ Class 2. Who is the covering MD on site? _____

☐ Class 3

Does the protocol fall within Rossi et al. (2009) and Rossi et al. (2021) safety guidelines?

☐ Yes

☐ No. Please explain. _____

Projected start date: _____ Completion date: _____

Anticipated number of funded TMS hours for study: _____

Please list below information for all personnel assisting in the study's TMS component.

Name	Degree	Email	Certification Level

☐ By checking this box, I confirm that the most recent IRB documentation is being submitted with this application.

Proposal Requirements

1. In addition to the IRB approval letter and the "CCBBI TMS Study Application", PIs must attach a proposal (maximum of 5 double-spaced pages) to summarize the background of the study.
2. The proposal must be divided into four separate sections with the following four specific subheadings:
   a. Brief description of research goals and hypotheses.
   b. Description of subjects to be tested.
   c. Specifications of protocol to be employed. In addition to other study details, please include the following details about the TMS protocol. Please refer to Rossi et al. (2009) and Rossi et al. (2021) to determine type of TMS Study.
      i. Frequency of stimulation
      ii. Train duration
      iii. Inter-train interval
      iv. Total number of pulses per session
   d. Analyses to be performed

Review criteria will include, in part

- Feasibility and safety of protocol
- Availability of TMS time
- Securing of IRB approval

To submit your funded proposal, please email a copy of the completed form, the 5-page proposal, and the IRB approval letter to: ccbbi.service@osu.edu