

NOTE: Please open this form in Adobe Acrobat to enable form editing.

To better serve you, we need to know more about your research. This will help us make sure the products you select will work properly with your experiment, and allow us to provide support when necessary.

All information you provide will be kept confidential and will not be shared with any third party. Please note that we require **all** information to be completed properly before we can process your order. Provide as much detail as possible.

Thank you for your attention.

CONTACT INFORMATION

PRINCIPAL INVESTIGATOR:

INSTITUTION:

TELEPHONE:

EMAIL:

PRIMARY CONTACT:

PRIMARY CONTACT PHONE:

PRIMARY CONTACT EMAIL:

Name of person(s) who may be placing the order:

NAME

PHONE NUMBER

EMAIL

JOB TITLE

EXPERIENCE LEVEL

My lab is new to NeuroNexus Products

My lab has some experience with NeuroNexus Products

My lab is knowledgeable about NeuroNexus Products

I am new to NeuroNexus Products

I have some experience with NeuroNexus Products

I am knowledgeable about NeuroNexus Products

How did you hear about NeuroNexus?

RESEARCH PROFILE

Check all that apply. In addition to the pre-defined list, please specify additional detail whenever applicable.

ANIMAL MODEL

- | | | | | |
|---------------------------------|---------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Mouse | <input type="checkbox"/> Rat | <input type="checkbox"/> Guinea Pig | <input type="checkbox"/> Ferret | <input type="checkbox"/> Brain slice/ <i>in vitro</i> |
| <input type="checkbox"/> Monkey | <input type="checkbox"/> Cat | <input type="checkbox"/> Insect | <input type="checkbox"/> Bird | <input type="checkbox"/> Nerve/Patch clamp |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Gerbil | <input type="checkbox"/> Bat | <input type="checkbox"/> Drosophila | |

Other/Specific: _____

RESEARCH AREA

- | | | | | |
|-----------------------------------|---------------------------------------|----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Auditory | <input type="checkbox"/> Visual | <input type="checkbox"/> BCI/BMI | <input type="checkbox"/> Somatosensory | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Memory | <input type="checkbox"/> DBS | <input type="checkbox"/> Sleep | <input type="checkbox"/> Drug Discovery | |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Chemosensory | <input type="checkbox"/> Pain | <input type="checkbox"/> Spinal Cord Injury | |

Other/Specific: _____

BRAIN AREA

- | | | | | |
|--------------------------------------|-------------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cortex | <input type="checkbox"/> Deep Brain | <input type="checkbox"/> Brain Surface | <input type="checkbox"/> Periphery | <input type="checkbox"/> Spinal Cord |
| <input type="checkbox"/> Hippocampus | <input type="checkbox"/> Brain Stem | | | |

Other/Specific: _____

MODALITY

- | | | |
|---|---|---|
| <input type="checkbox"/> Electrical Recording | <input type="checkbox"/> Chemical Sensing | <input type="checkbox"/> Optical Stimulation |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Drug Delivery | <input type="checkbox"/> Optical Sensing (blood flow, etc.) |

Other/Specific: _____

SIGNAL OF INTEREST (IF RECORDING)

- | | | | | |
|--------------------------------------|-------------------------------------|--|---|------------------------------|
| <input type="checkbox"/> Single Unit | <input type="checkbox"/> Multi Unit | <input type="checkbox"/> EMG | <input type="checkbox"/> Neurochemistry | <input type="checkbox"/> LFP |
| <input type="checkbox"/> ECoG | <input type="checkbox"/> EEG | <input type="checkbox"/> Tetrode/Polytrode (clustered units) | | |

Other/Specific: _____



ACQUISITION SYSTEM

- | | | | | |
|--------------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Alpha-Omega | <input type="checkbox"/> Blackrock | <input type="checkbox"/> Neuralynx | <input type="checkbox"/> TDT | <input type="checkbox"/> Plexon |
| <input type="checkbox"/> CED | <input type="checkbox"/> Ripple | <input type="checkbox"/> TBSI | <input type="checkbox"/> Amplipex | <input type="checkbox"/> Multi-Channel Systems |
| <input type="checkbox"/> In-house | | | | |

Other/Specific: _____

CHANNEL COUNT

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 16 | <input type="checkbox"/> 32 | <input type="checkbox"/> 64 | <input type="checkbox"/> 128 |
|-----------------------------|-----------------------------|-----------------------------|------------------------------|

Other/Specific: _____

EXPERIMENT DURATION

- | | | |
|--------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Acute | <input type="checkbox"/> Chronic | <input type="checkbox"/> Daily Acute |
|--------------------------------|----------------------------------|--------------------------------------|

Other/Specific: _____

CURRENT ELECTRODE USED

- | | | | | |
|--|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> I make my own | <input type="checkbox"/> MicroProbes | <input type="checkbox"/> AM Systems | <input type="checkbox"/> TDT Wire | <input type="checkbox"/> Multi-Channel Systems |
| <input type="checkbox"/> U Probe | <input type="checkbox"/> V Probe | <input type="checkbox"/> FHC | <input type="checkbox"/> Blackrock/Utah Array | |

Other/Specific: _____

INTENDED ELECTRODE PLACEMENT

- | | |
|---|---|
| <input type="checkbox"/> Penetrate into tissue less than 10 mm in depth | <input type="checkbox"/> Penetrate into tissue more than 10 mm in depth |
| <input type="checkbox"/> Place on brain surface (subdural) | <input type="checkbox"/> Place on brain surface (epidural) |
| <input type="checkbox"/> Penetrate into nerve tissue | <input type="checkbox"/> Wrap around nerve tissue |
| <input type="checkbox"/> I plan on doing Optogenetics work in the next year | |

Other/Specific: _____

Conferences I typically attend:

BILLING INFORMATION

NAME: _____

COMPANY/
INSTITUTION: _____

COUNTRY: _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

BILLING FAX: _____

BILLING PHONE: _____

BILLING EMAIL: _____

SPECIAL
INSTRUCTIONS: _____

SHIPPING INFORMATION

NAME: _____

COMPANY/
INSTITUTION: _____

COUNTRY: _____

SHIPPING
ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

SHIPPING PHONE: _____

SPECIAL
INSTRUCTIONS: _____

SHIPPING
ACCOUNT
(UPS OR FEDEX) _____

I understand I am responsible for any duty and taxes



INFORMATION FORM

PRODUCT INFORMATION

PART NUMBER

QUANTITY

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Preferred wire material:

Optical termination location (if ordering optoelectrodes):

PAYMENT INFORMATION

For official quotes, this section does not need to be completed. You may pay by credit card or purchase order. For purchase orders, please complete this form and attach an official P.O. form from your institution. For credit card holders, please fill out the table below with the appropriate information.

PREFERRED INVOICE METHOD:

Email Fax Mail

PAYMENT METHOD:

Purchase Order Credit Card

PURCHASE ORDER NUMBER: _____

CREDIT CARD INFORMATION:

NAME ON CARD: _____

CREDIT CARD TYPE: _____ CARD NUMBER: _____

EXPIRATION DATE: _____ CVS: _____

This form is required to create a customer account. To place an order, please fax or email the completed form to us. If you choose to pay by purchase order (P.O.), please be sure to include your official P.O. form issued by your institution. A US\$25 international fee is included to process P.O.s from outside the US and Canada. You will receive a confirmation email once your order is received and verified. If you do not receive a confirmation email within 3 business days after the submission of this form, please contact us immediately. Customs fees are the purchaser's responsibility. Thank you for your business.