

DUKE-UNC BRAIN IMAGING AND ANALYSIS CENTER

STANDARD OPERATING PROCEDURES

Signature Sheet: Level I MRI Access

Name: _____ Date: _____
Please Print

Investigator/supervisor: _____

I have read and understood the SOP's listed below, and have attended the BIAC New User Orientation. I agree to follow all policies and procedures outlined therein. I acknowledge that failure to do so may result in a loss of scanning privileges.

SOP #	SOP NAME	SIGNATURE
100	Consenting Subjects	_____
101	MRI Access	_____
102	Adverse Events	_____
103	Hardware Emergencies	_____
104	Medical Emergencies	_____
105	Incidental Findings	_____
106	Privacy	_____
107	Running Subjects	_____
108	Screening Subjects	_____

BIAC New User Orientation Date Attended (or Anticipated): _____

Also complete and attach: MRI Safety Screening Form