

Human volunteers for MRI quality assurance and improvement

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This form is for volunteers who have agreed to undergo MRI scans to assess and improve the functionality of MRI sequences and peripheral tools used at the Zuckerman Institute MRI Platform. Data collected during this scan is for testing purposes only and may not be used for research, nor may it be used to collect data for a grant submission or publication.

As a volunteer, you will not be compensated for your time, and there is no benefit to undergoing these scans. You can decide not to volunteer, and you can ask us to stop the MRI session at any time. For Columbia/New York Presbyterian Health affiliates, deciding not to volunteer will not affect employment status, employment grade, or salary (as applicable).

MRI is non-invasive. The main risk associated with MRI is from the strong magnetic field, which will attract objects containing some metals and can turn these objects into projectiles. It can also cause electronic medical implants to malfunction. You will be required to fill out a separate screening form to make sure there are no contraindications for undergoing this MRI. In rare cases, contact with the MRI equipment, conductive materials such as wires or other metallic objects, metallic content of tattoos, or some skin-to-skin contact may result in excessive heating and burns during the scan. You may experience muscle twitching due to nerve stimulation caused by the MRI equipment. You may experience discomfort due to the loud noises made by the machine, the small space inside the MRI bore, or remaining still for a prolonged period of time. The operators of the MRI scanner will take steps to minimize these risks. You will be able to communicate with a trained MRI staff member at any point during the session, and you are free to stop at any time.

A member of the MRI team will explain the MRI procedure in detail before the scan. This scan is being done for quality assurance and testing purposes only and images will not be reviewed for incidental findings.

Sign below to confirm that you have read and understood the above, that you have had the opportunity to ask questions and have them answered by a member of the MRI team staff, and that you agree to volunteer to undergo an MRI session for testing and quality assurance.

Volunteer Signature: _____ Date: _____

Volunteer Name: _____

MRI Staff Member Signature: _____ Date: _____

MRI Staff Member Name: _____