You are being asked volunteer to undergo Magnetic Resonance Imaging (MRI) for educational purposes such as instructing new or existing MRI Operators in performing or developing research scanning protocols, pulse sequences, or other pilot scanning activities. This form is meant to provide you with information about the procedures and risks associated with MRI scanning and to obtain your consent to participate.

Imaging using an MRI scanner is generally a safe, non-invasive procedure that uses a powerful magnet and radio frequencies to create images of the tissue in your body. If you consent, you will be placed into the scanner, which is a long tube, surrounded by a powerful magnet. The scanner sends and receives signals from the cells in your body. A computer interprets the signals into a set of images that can be seen on a computer monitor and stored in the computer for viewing or analysis.

Known risks associated with the MRI procedure include:

(i) Metal objects on or in your body could be moved or heated in the scanner. You should not participate if you have metal in or on your body that you cannot remove; and

(ii) The magnetic field inside the scanner can attract metallic items into the space you occupy if brought near the scanner during testing. This could result in injury or death, so strict rules prohibit the entry of unauthorized personnel into the scanner room during testing to reduce this risk.

While there is currently no known adverse effect from undergoing an MRI scan, there is always a possibility that future research may show some adverse effect from MRI exposure. Operators will use the lowest possible exposure times which still meet the needs of the educational session.

I have read this document and understand the following:

- I have the right to refuse the MRI scan or withdraw from further participation in this activity at any time, for any reason, even after it has commenced;
- MRI Operators and/or Trainees conducting the scan are not providing medical treatment to me, nor are they performing an examination to diagnose any condition or disease;
- NO physician-patient relationship is being established between me and the Operators or Trainees, by virtue of my participation in this MRI scan;
- The images will not receive any routine clinical review by physicians who are specially trained to interpret MRI scans (radiologists);
- I have no expectation of receiving any benefit by participating in this scan;
- It is possible that an abnormality may exist in a scanned area of my body that may not be appreciated by the MRI Operator or Trainee;
- If an abnormality is found either during or after the scan:
  - I will be notified of the abnormality and will be provided with a copy of the scan;
  - I will be referred to a physician of my choosing for follow up care; and
  - I will be fully and exclusively responsible for any costs associated with possible follow up care.

I consent to undergo MRI imaging for educational purposes as described above and release the Regents of the University of California, their agents, students, and employees from any and all liability, whatsoever, connected in way to my participation in this educational activity.

______________________________     ________________________________     ______
Printed Name of Participant     Signature of Participant     Date