

**DRAFT: MRI SCANNING SESSION INFORMATION FORM**

Use with all structural MRI and functional MRI scanning sessions. MRI system operator completes and signs form. Principal investigator reviews and co-signs. All forms stored in the MRI Scanning Binder.

**PROJECT**

Date of Scanning Session:	
Principal investigator	
Title or MRUG No. of Approved Project:	
Human Subjects (OHRP) Protocol #	
MR System	(1.5T or 3.0T)
Subject name:	
Subject age:	
Subject Social Security Number:	
Subject work status (e.g. student RA)	
Does subject represent minority population?	Yes or No (answer needed for OHRP Review)

**MRI SUITE USAGE**

	<b>Time of day</b>	
Time In MRI Suite (i.e. entry to begin session set up):		
Time Out of MRI Suite (i.e. room ready for another session)		

**MRI SCANNING**

<b>MRI SITE PROTOCOL NAME AND NUMBER:</b>	
<b>Name of Sequence</b>	<b>Scan time (listed on MRI Console)</b>

Form completed by:

Reviewed by:

\_\_\_\_\_  
 Signature/Printed name of MRI System Operator

\_\_\_\_\_  
 Signature/Printed name of Principal Investigator

