

**UNIVERSITY OF MISSOURI-COLUMBIA
BRAIN IMAGING CENTER**

**MRI
HOLD HARMLESS RELEASE AGREEMENT
FOR RESEARCH PARTICIPANTS**

This form must be completed by all Adult Research Participants/Patients; Parents of Research Participants/Patients who are minors; and/or Court-Appointed Guardians providing permission for someone under their care to receive an MRI Scan at the Brain Imaging Center as part of a Research Project functioning under the approval and oversight of the Institutional Review Board.

1. I understand that this form must be submitted as a prerequisite for receiving an MRI scan at the University of Missouri-Columbia Brain Imaging Center. I also understand that a complete understanding of this form is essential for ensuring safe entry into the MR Environment.

Although I understand that MR Personnel will take every precaution to ensure my safety for the duration of the experience, I also know that it is my responsibility to provide all of the information requested so that a determination of safety can be made.

I understand that the MRI Scan Room is a potentially hazardous environment, and I agree that my/my child's participation is entirely voluntary. I/my child have/has completed an MRI Safety Screening Questionnaire, and I know I/my child should not participate if I/my child has not been forthright or did not understand the questions on the Questionnaire. I acknowledge that the MRI scanner creates hazards that could, in rare circumstances, cause injuries ranging from minor to serious, including death. I am aware that the risks include, but are not limited to, the following:

Metal: The MRI scanner produces a constant strong magnetic field, so if you/your child have/has: a surgical history that may have involved the implantation of any metallic object (pins, screws, clips, rods, etc.); an occupational history that involved welding (shavings, fragments, etc.); been involved in an accident that could have resulted in a metallic object (shrapnel, buckshot, bullets, etc.) being embedded in the body, it could shift or change position when exposed to the magnetic field making it hazardous for you/your child to participate in this study. For this reason, it is important that you disclose this information and/or provide surgical documentation that verifies the composition of the implanted object (surgical stainless steel; titanium; etc.) so that MR Personnel can determine if it is safe for you to participate. It is also important that all external metallic objects be removed before entering the MRI environment. Metallic items left on your person have the potential of heating up and creating burns or becoming hazardous projectiles that are drawn to the magnet. For this reason, pockets must be empty; Metal earrings, metal body piercings, and necklaces must be removed; clothing with metallic components such as snaps, buttons, zippers, draw string eyelets, under wires, or metallic accents must be removed (scrubs are provided if necessary) prior to your participation in the study. Personal items may be stored in the provided lockers or left with friends or family in the waiting area.

If I/my child has/have a pacemaker, cardiac defibrillator, insulin pump, or any other metallic, electronic, magnetic, or mechanical implanted device, I have listed it here:

I also understand that I/my child may be restricted from entering the MR Environment if it is determined that the implant could be adversely affected and/or create a potential health risk.

Pregnancy: Exposure to MRI scanning might be harmful to a pregnant female or an unborn child. Although there are no established guidelines at this time about MR and pregnancy, you/your child should be informed that there is a possibility of a yet undiscovered pregnancy related risk. If you know or suspect you/your child may be pregnant or if you/your child do/does not want to expose yourself/self to this risk, we recommend that you/your child do/does not participate.

Inner ear damage: MRI scanning produces a loud tone that can cause damage to the inner ear if appropriate sound protection is not used. Earplugs or close fitting headphones will be provided to protect your/your child's hearing.

Claustrophobia: When you/your child are/is inside the MRI scanner, the MRI scanner surrounds the body and your/your child's head will also be positioned inside a close-fitting scanning coil. If you/your child feel/feels anxious in confined spaces you/your child may not want to participate. If you/your child decide/decides to participate and begin/begins to feel claustrophobic later, you/your child will be able to tell us via the intercom and may terminate your/your child's participation.

Burns: In rare cases, contact with the MRI transmitting and receiving coil or conductive materials such as wires, or skin-to-skin contact that forms conductive loops, may result in excessive heating and burns during the experiment. There is also a slight risk that tattoo inks and dyes can contain metal alloys that have the potential of heating during the course of the scan and creating burns. Any heating or burning sensations during a scan in progress should be reported to the operators immediately.

2. In addition to the above risks, I acknowledge that the images of my/my child's brain or body that will be acquired are not intended to reveal any disease state and are not designed for clinical diagnosis. The personnel at the Brain Imaging Center are not qualified to medically evaluate my/my child's images, and my/my child's images will not be routinely examined by a clinical radiologist. I acknowledge that my/my child's images, including any potential abnormalities, will be visible to MR Personnel and Research Assistant's who are present during my/my child's participation. I acknowledge that the body and brain structures within the normal population are highly variable, and that it is difficult to draw any conclusions from my/my child's images. I acknowledge the potential distress or discomfort that may occur by viewing my own/my child's images.
3. I understand that participation is voluntary and that I/my child can choose not to participate or discontinue the scan at any time.
4. In consideration of my/my child's participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the Curators of the University of Missouri and their trustees, officers, employees, and agents from any and all liability, damage, or claim of any nature whatsoever arising from my participation.
5. I have read and understand the terms of this Release and agree to all terms and conditions.

6. I confirm that the purpose of the research, the study procedures, the possible risks and discomforts as well as potential benefits that I/my child may experience have been explained to me. Alternatives to my participation in the study have also been discussed. I have read this consent form and my questions have been answered. My signature below indicates my willingness to participate in this study.

Research Participant / Patient Signature

Date

WITNESS

DATE

7. My signature indicates that I am the legal guardian/parent of

First and Last Name of Child or Adult under Guardian Care

and hereby give permission for person indicated above to receive a scan at the University of Missouri-Columbia Brain Imaging Center.

First and Last Name of Parent / Guardian

Parent / Guardian Signature

Date

Please list a phone number where you can be reached: _____

WITNESS

DATE

