

**ROBARTS RESEARCH INSTITUTE: 3T/7T MRI FACILITY
CENTRE FOR FUNCTIONAL AND METABOLIC MAPPING**

STANDARD OPERATING PROCEDURES

Signature Sheet: Research Personnel

Name: _____ **Date:** _____
Please Print *dd/mm/yyyy*

Investigator/Supervisor: _____

I have read and understood the SOP's listed below, and I agree to follow all policies and procedures outlined therein.

| SOP# | SOP Name | Signature |
|-------------|---|------------------|
| 100a | MRI Facility Safety Zones | _____ |
| 100b | MRI Facility Access Approval Policy | _____ |
| 110 | MRI Facility Visitor Approval Policy | _____ |
| 120 | General Safety | _____ |
| 130 | MRI Personnel Training | _____ |
| 140 | Emergency Code Blue | _____ |
| 150 | Emergency Fire | _____ |
| 160 | Emergency Quench | _____ |
| 200 | General Experimental | _____ |
| 210 | New Protocols and Ethics | _____ |
| 220 | System Billing Guide and Standard Rates | _____ |
| 230 | Incidental Findings | _____ |
| 240 | MRI Equipment Handling and Procedures | _____ |
| 250 | MRI Data Handling | _____ |

Also complete and attach: Appendix 1: Magnetic Resonance Environment Screening Form
 Appendix 7: Safety Training Checklist: Research MRI Personnel