

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

**STANDARD OPERATING PROCEDURES**

**Signature Sheet: Research Personnel**

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**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.

<b>SOP#</b>	<b>SOP Name</b>	<b>Signature</b>
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