# Florida State University

**ACKNOWLEDGEMENT OF RISKS DURING PARTICIPATION AS A VOLUNTEER FOR RESEARCH PROTOCOL DEVELOPMENT, TRAINING, TEACHING OR QUALITY ASSURANCE TESTING IN THE MRI FACILITY**

### INFORMATION ABOUT THIS FORM

Please take the time to review this information carefully to ensure that you are informed of the nature of this non-clinical, non-research activity. If you have any questions please direct them to the MRI Facility staff (e.g., MRI Facility technician, MRI Facility Scientific Director or associate director). Participation is **voluntary** and you may choose to discontinue participation at any time. If you decide to take part in the MRI, you will be asked to sign this form. Before you sign this form, please be sure you understand what the MRI will entail, including potential risks to you.

#### GENERAL INFORMATION

#### Purpose of this study

You are being invited to participate voluntarily in a non-clinical, non-research pilot test. The purpose of this test is for the development of a protocol, for training, teaching or quality assurance testing.

#### Duration of this study

Your participation will require 1 – 2 hours of your time; you can terminate your participation at any point.

#### Who may volunteer?

Only healthy, adult volunteers may participate in this MRI. Volunteers must be able to tolerate small enclosed spaces and have no medical devices or implants on or in their bodies.

Volunteers will be excluded if they have any history of pacemakers or pacer wires, open heart surgery, artificial heart valves, aneurysm clips, cochlear implants, braces or extensive dental work, implanted electrical or mechanical devices, tissue expanders, foreign metallic objects from explosives, shrapnel or metalwork fragments, or artificial limbs. Volunteers will also be excluded if they are pregnant, claustrophobic, have tremors or cannot lie still for 1-2 hours.

It is imperative that the metal screening form is filled out fully and accurately to ensure your safety in a strong magnetic field.

### PROCEDURES

If your metal screening form is approved, your participation will requireapproximately 1 – 2 hours of lying in the scanner, and potentially performing various tasks while in the scanner.

#### Risks

There are no known permanent negative effects from exposure to a strong magnetic field.

Temporary effects may be dizziness, nausea or a metallic taste in your mouth. Some pulse sequences can cause temporary peripheral nerve stimulation which may cause mild discomfort but is not harmful. Some scans can cause heating of your body. If you experience any discomfort that you cannot tolerate, you will be given an alarm bell to notify researchers that you would like to discontinue the MRI. Participation in this MRI is **voluntary** and you may choose to discontinue your participation at any time.

MRI produces very loud pulsating sounds. You will be required to wear earplugs or a headset to protect your hearing.

#### Benefits

There are no benefits to you if you volunteer for this MRI.

#### Compensation and Cost

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#### Confidentiality

None of the images for this test will be kept or archived.

#### Incidental Findings

The MRI scan is being done to test a protocol, to train or teach a user, or for quality assurance testing, not to examine your brain for medical reasons. This MRI scan will not be evaluated for incidental findings, and is not a substitute for a clinical scan (the type a doctor would order). Therefore, we are completely unable to provide any evaluation of your MRI data in terms of potential abnormalities.

### CONTACT INFORMATION

Principal Investigator

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Study Coordinator

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You may also address any concerns about your participation to the MRI Facility.

### SIGNATURES

I understand the information printed on this form and agree to volunteer.

I have discussed the procedures, risks, and benefits with research personnel and have had all of my questions answered.

I understand that I may ask questions at any time and that I am free to withdraw from volunteering at any time. I understand that my volunteering may also be ended by the Principal Investigator or MRI Facility staff at any time.

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Signature of Volunteer Date

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Printed name of Volunteer Date

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Signature of Witness Date