

# York MRI Facility

## Standard Operating Procedure Signature Sheet

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please Print*

**Investigator/Supervisor:** \_\_\_\_\_

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

| <b>SOP#</b> | <b>SOP Name</b>                         | <b>Signature</b> |
|-------------|---|------------------|
| 10-02       | Restricted Access Policy                | _____            |
| 20-01       | New Protocols and Ethics Procedures     | _____            |
| 30-02       | Safety Training Procedures              | _____            |
| 31-02       | General Safety Procedures               | _____            |
| 40-02       | Medical Emergency Procedure             | _____            |
| 41-01       | Emergency Fire Procedure                | _____            |
| 42-02       | Emergency Quench Procedure              | _____            |
| 50-01       | General Experimental Procedures         | _____            |
| 51-01       | MRI Equipment Handling Procedures       | _____            |
| 52-02       | MRI Data Handling                       | _____            |
| 53-01       | Incidental Findings                     | _____            |
| 60-02       | MRI System Start-Up                     | _____            |
| 61-02       | MRI System Shutdown                     | _____            |
| 62-01       | MRI Black/Brown Out                     | _____            |
| 63-01       | Oxygen Sensor Alarm Response            | _____            |
| 64-02       | Compressor Alarm Response               | _____            |
| 65-01       | QA Testing                              | _____            |
| 70-01       | System Billing Guide and Standard Rates | _____            |
| 71-01       | Cancellation / No Show Policy           | _____            |
| 80-01       | Decontamination Procedure               | _____            |