

STANDARD OPERATING PROCEDURE FOR 3T MRI FACILITY VISITOR APPROVAL

SOP Number: 3T MRI 110.03	
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110.01	19 May 2006	Initial Version
110.02	02 Oct 2007	Review
110.03	01 Feb 09	Review

Director Signature: _____ / / _____

1. SCOPE

This SOP describes the procedures to be followed by visitors entering the 3T MRI Facility.

2. PROCEDURES

A. Regulations for all visitors:

- All visitors must be accompanied by at least one authorized personnel with security access to the 3T MRI Facility.
- The operator at any given time may grant or deny entry to the facility under the discretion of the 3T Facility Director or the 3T MRI Facility Manager/Technologist.

B. Visitor classification and specific regulations

- Visitors are divided into two separate classifications:
 - Those entering the control room only and not entering the magnet room.
 - Those with intent of entering the magnet room.
- Visitors not entering the magnet room must be informed by the operator that they are not allowed beyond the magnet room door. The operator is responsible for informing the visitor of these restrictions and ensuring adherence.
- Visitors intending to enter the magnet room must remove all metallic objects and fill out the 3T MR Screening Form (Section C). The 3T MRI Facility Director or the 3T MRI Facility Manager/Technologist must review and sign this form before visitors proceed into the designated high magnetic field area.

C. 3T MRI Screening Form

Volunteer Name: _____
 Date of Birth: _____
 Weight: _____
 Height: _____
 Allergies: _____



MRI RESEARCH CONSENT FORM:

To ensure your safety, this form **MUST BE** completed in the presence of a qualified MRI Technologist.

YES	NO	
		Have you ever had a previous MRI?
		Have you ever been a metal worker, grinder or welder?
		Have you ever had a metal foreign body in or around the eyes?
		Are you pregnant or breast-feeding?
		Are you claustrophobic?
		Are you connected to any supportive medical device? (pumps, catheters)
		Have you ever had any surgery?
		Do you have any of the following in place:
		Cardiac Pacemaker, Implantable Cardioverter Defibrillators, or Leads?
		Heart Valve Prosthesis?
		Aneurysm Clip(s)?
		Intraventricular Shunt?
		Orbital Implants?
		Neurostimulator, Bone Growth Stimulator, Biostimulator
		Implanted Drug Infusion Device/Insulin Pump
		Inner Ear Implants - Cochlear, Stapes, Aids
		Joint Replacements/Prosthesis
		Coil, Filter or Stent (intravascular)
		Genital Prosthesis/Devices (Penile, Diaphragm, Intra Uterine Device, Pessary)
		Surgical Rods/Wires/Plates/Shrapnel/Bullets
		Vascular access port (Peripherally Inserted Central Catheter, Swan Ganz, Port-a-cath)
		Dentures, Braces
		Tattoos, Permanent Cosmetics
		Body Piercing, Body Jewellery
		Medication Patches

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If you answered yes to any of the above, please speak to the MR Technologist or the Principal Investigator.

I have been informed about the MR exam and how it is to be performed. I have answered the above questions and have spoken to the MR Technologist or Principal Investigator regarding any possible contraindications to the MR exam. All of my questions have been answered. I understand this MR Scanning Session is not for diagnostic purposes and a report will not be issued.

Volunteer Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Principal Investigator: _____