Requirements for all Research Utilizing Dornsife Cognitive Neuroimaging Center

You have agreed to be a research subject in a study by Dr. (name of PI) ________ for which a Magnetic Resonance Imaging (MRI) scan is going to be performed.

Because the Dornsife Cognitive Neuroimaging Center is a research unit, not a clinical/diagnostic MRI center, the MRI scans obtained at the Dornsife Cognitive Neuroimaging Center, are not meant to provide clinical/diagnostic information. Most scans performed in normal human subjects are without abnormalities. However, on occasion, though rarely, something abnormal may be present, what is called incidental findings.

You have been informed that, because the Dornsife Cognitive Neuroimaging Center is not a clinical/diagnostic center, the DNI has no neuroradiologist staff members (medical doctors who can comment on MRI scans), and therefore we cannot tell if your scan shows or does not show any abnormality. But, because detecting and investigating such potential abnormalities may be relevant to your health, you were told that the Dornsife Cognitive Neuroimaging Center established a partnership with Children’s Hospital Los Angeles Medical Group, Inc., where a neuroradiologist (Dr. Marvin Nelson or one of his colleagues) will review the structural scans that are part of the research scans obtained at the Dornsife Cognitive Neuroimaging Center. If they detect any image that suggests an abnormality, they will contact you or a physician of your choice, to inform about the findings and suggest further evaluation if needed.

Your identity, along with your physician’s identity, will only be disclosed to Dr. Nelson should he need to contact you. However, should an incidental finding be detected that potentially may make you ineligible for brain studies, your name will be kept on a roster maintained.
confidentially at the DNI. If you elect to volunteer for another study, the researcher may ask the DNI if your name is on that list [the researcher has no direct access to the list]. The researcher will simply be told if your name is on the list. No further information will be disclosed.

I have read and understand the text above and its implications, and agree to participate in the research.

________________________________________________________
____________________
PLEASE PRINT LEGIBLY
Name of subject ………………………………………………. Phone number ………………………

Subject’s email address ………………………………………………………………….

Name of Subject’s Physician/health care provider……………………………………………………

Phone number ……………………………….…....

________________________________________________________

____________________
Signature of subject ………………………………………………. Date …./…./….

Signature of Dornsife Cognitive Neuroimaging Center Staff

………………………………………………………………………………………….. Date …./…./….