



# Institute for Imaging & Analytical Technologies

1207 Hwy 182 West, Starkville, MS 39759 \* 662.325.3019

## MRI Scheduling Checklist

Checklist Items	Yes	No	Not Required	Comments
Complete Research Application	<input type="checkbox"/>	<input type="checkbox"/>		
Complete Personnel Screening Forms (No one will be given access to the MRI area without completing this form)	<input type="checkbox"/>	<input type="checkbox"/>		
Complete Animal Screening Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiograph Documentation This will be required if animal is euthanized. The purpose is to check for metal objects, if PI is not aware of animal's history. This is necessary for the safety of the staff and the machine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Animal Source Statement If the animal is euthanized, the PI will need to provide a statement that explains where was the animal obtained. Ex: shelter, slaughter house, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IACUC/IRB Numbers By submitting these numbers on the application, you are verifying that all required documents have been submitted and approved by Regulatory Compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Training: Any one is will be working in the MRI area must watch the safety video and pass the quiz prior to access: <a href="http://www.orc.msstate.edu/">http://www.orc.msstate.edu/</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Clean up after procedure: See Comp. 3.2 & 3.8 under policies. For animal procedures, someone must be present for cleaning. I2AT will provide this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parameter Statement: This document is for the MRI Tech's information. You will need to explain what parameters will be used for the protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIPPA Form (requires signature) This form is to protect personal health information of patients. You agree to keep this information confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	