# Purdue MRI Facility

## Scanning Approval Checklist

### Personal Information:

Name __________________________________________

Department______________________________________

Position_________________________________________

E-mail __________________________________________

Phone __________________________________________

### Verified Certification Dates (copies on file):

CPR Training ____________________ (Valid Until: ____________)

MRI Safety Seminar_______________________________ (Valid Until: ____________)

CITI Purdue Human Subjects Training________________ (Valid Until: ____________)

PACUC Orientation________________________________ (optional for Animal designation)

### Observe at least three (3) imaging sessions involving human subjects:

1. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

2. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

3. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

4. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

5. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

### Conduct at least three (3) imaging sessions involving human subjects, supervised by a “Scanning Approved” operator:

1. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

2. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

3. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

4. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

5. Primary Operator ____________________________ Date____________________
   Experiment equipment used: _______________________________________________

### Final Checkout (solo operation under supervision of Co-Director or Manager of Operations):

Supervised by ____________________________ Date____________________