

MRI Waiver

MRI Suite
New York State Psychiatric Institute
Dept. of Psychiatry

RE: Makeup Tattoo

I, _____, have volunteered to undergo a 3T MRI scan at NYSPI and have been made aware of the risks involved during this procedure including the possible heating, burns and/or scarring on or around the area of the tattoo/makeup tattoo.

The research staff in this study have fully explained the risks in a simple language and I accept the risks and agree to proceed with the MRI scan.

Participant's Signature: _____ Printed Name: _____

Date: _____

I have reminded the participant of the risks and he/she has understood the risks involved and agreed to proceed with the MRI scan.

Research Staff's Signature: _____ Printed Name: _____

Date: _____

Exencion de MRI

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RE: Maquillaje tatuado

De acuerdo con la política del NYSPI, debe firmar esta carta oficial de exención antes de someterse a una exploración de resonancia magnética (MRI).

Yo, _____, estoy de acuerdo en someterme a una exploración de resonancia magnética (MRI) sabiendo que puede haber un riesgo de calentamiento, quemaduras y / o cicatrices permanentes en el área del tatuaje / maquillaje.

Reconozco y acepto este riesgo y acepto proceder con la exploración de MRI.

Firma del Participante: _____ Nombre impreso: _____

Fecha: _____

Firma del Coordinador: _____ Nombre impreso: _____

Fecha: _____