**MRI DIRECTOR REVIEW OF RESEARCH INVOLVING MRI**

|  |  |
| --- | --- |
| Date: |  |
| PI: |  |
| Division:  Protocol #: |  |
| Title: |  |
| ☐ I ATTEST THAT THIS RESEARCH PROTOCOL INVOLVES THE USE OF MRI WITH MINORS. |  |

☐ I APPROVE THE USE OF NYSPI MRI SUITE DEPARTMENTAL RESOURCES, FACILITIES, AND STAFF AS DETAILED IN THE PROTOCOL. THE MRI PROCEDURES DETAILED IN THE PROTOCOL ARE CONSISTENT WITH THE POLICIES AND PROCEDURES/STANDARD REQUIREMENTS OF THE MRI UNIT/COMMITTEE.

ADDITIONAL COMMENT/NOTES:

|  |
| --- |
|  |

SIGNATURE DATE

MRI Director or Designee