PREGNANCY TEST RELEASE FORM

INFORMED CONSENT CONCERNING POTENTIAL PREGNANCY for MRI STUDY

STUDY NAME: ________________________________  PI: __________________________

This release is to inform you that Magnetic Resonance Imaging (MRI) may pose a hazard to an unborn child/fetus although there are no reports of injury to children who underwent MR imaging before birth.

By signing this form, you are acknowledging that you have been warned of potential risk to an unborn child/fetus and have been offered a pregnancy test to determine if you are pregnant before being scanned.

Although you are encouraged to take the offered pregnancy test, it is your right to refuse. You may also decide to withdraw from this study if you so choose rather than take the pregnancy test.

This release documents that you have been offered a pregnancy test before participating in this study and have chosen to decline.

____________________________________  ________________________________
Signature of Person giving consent                   Date

____________________________________
Printed Name:  First  Middle  Last

____________________________________
Signature of Witness to Person giving consent

____________________________________
Printed Name:  First  Middle  Last

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