NEW YORK INSTITUTE
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fMRI Participant Safety Screening Form

Participant ID: _____
Date: _____
Study Title: _____

Please answer the following questions to ensure MRI safety:

General Health and Safety:

- Do you have a pacemaker, defibrillator, or other implanted cardiac device?
- Do you have any metal implants, plates, screws, or rods?
- Have you had any surgeries involving implants or shunts?
- Do you have a history of seizures or epilepsy?
- Are you pregnant or think you may be pregnant?
- Do you have any known allergies to contrast agents (if applicable)?

MRI Safety:

- Do you have any tattoos or permanent makeup?
- Do you wear a hearing aid, dentures, or implants?
- Do you have any history of claustrophobia or anxiety in enclosed spaces?
- Do you wear a medication patch?

Technician Review Notes: _____

Technician Signature: _____ Date: _____

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Site-Specific Consent Form – fMRI Addendum

Study Title: _____

You are being asked to participate in a study that includes a functional magnetic resonance imaging (fMRI) scan. This is a non-invasive procedure used for research purposes to observe brain activity.

The fMRI scan may take between 30 to 60 minutes. You will be asked to lie still in the scanner while you perform tasks or rest. A licensed MRI technician will operate the scanner. A board-certified radiologist will review the images for safety.

Please note: This scan is **not intended for medical diagnosis**. If a finding is observed that may indicate a potential health concern, you will be informed and referred for follow-up.

All information collected will be de-identified and securely stored. You will not be identified in any report or publication.

Participant Signature: _____ Date: _____

Researcher Signature: _____ Date: _____

Data Sharing Plan

De-identified imaging and behavioral data collected during this study may be used in future research or shared with collaborators. Any shared dataset will:

- Be stripped of identifying information in accordance with HIPAA
- Be stored in a secure, access-controlled repository
- Require a signed Data Use Agreement (DUA) before access is granted
- Be limited to IRB-approved scientific purposes only

All sharing activities will be documented and monitored by the study PI and NYIT research compliance team.

Radiologist Review Procedure Memo

To: Institutional Review Board / Office of Clinical Research
From: NYIT Imaging Oversight Team

Subject: Radiologist Role in fMRI Research Protocols

A board-certified radiologist will review all fMRI scans obtained under research protocols. Their sole role is to:

- Identify incidental findings that may indicate a clinically relevant abnormality
- Report those findings to the study PI within 48 hours

The radiologist will not be involved in study analysis, interpretation of brain activation, or publication unless specified in the protocol. This review is for participant safety only and does not constitute medical diagnosis unless explicitly authorized and documented.

Radiologist Signature: _____ Date: _____