

Subject Request for copy of MR Images
DISC LAB
University of Washington

Subject Name:	Date of MRI :
Project Name:	Principle Investigator _____ Print _____ Signature

This MRI was obtained solely for research purposes. The scanning protocol was optimized for this specific research study and does not constitute a diagnostic MR evaluation. Observations based on this limited study should not be considered definitive for diagnostic evaluation.

I hereby acknowledge that this has been explained to me and that I understand the statement above.

Subject Name (please print)

(Subject signature)

(Date)
