**Subject Request for copy of MR Images**

**DISC LAB**

**University of Washington**

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| 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) |
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| *(Subject signature)* | *(Date)* |