

**Incidental Finding Follow Up
DISC LAB
University of Washington Research Study**

Subject Name:	Date of MRI :
Project Name:	P.I.:
<p>Radiologist Review of Research MRI</p> <p><i>This MRI was obtained solely for research purposes. The scanning protocol was optimized for this specific research study and does not constitute a full diagnostic MR evaluation. The findings reported by a physician below are observations based on this limited study and should not be considered definitive diagnostic evaluation or an official radiology report.</i></p>	
Referred to Physician: <i>(technician name and date)</i>	
<p>Summary of findings and recommendation/referral</p>	
Physician Name <i>(date and signature)</i>	Need clinical/diagnostic follow-up <i>(Please circle) Yes No</i>
PI advised by: <i>(Physician or other staff)</i>	<i>(date and signature)</i>
Subject Advised by PI <i>(PI name)</i>	<i>(Date and PI signature)</i>
Subject Name <i>(please print)</i>	<i>(Date and Subject signature)</i>