




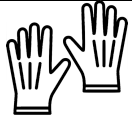






RESEARCH MRI DURING COVID-19 AT THE DIAGNOSTIC IMAGING SCIENCES CENTER (DISC) PARTICIPANT INFORMATION SHEET

Novel coronavirus (COVID-19) is a new virus strain spreading from person-to-person. Health experts are concerned because this new virus can cause severe illness and pneumonia in some people — especially people over age 60, people with certain health conditions (such as heart or lung disease, or diabetes) or weakened immune systems, and pregnant people. This is a brief description to familiarize the participant with what to expect during a scan session at DISC.

	You will be pre-screened three days prior to the scan and also on the day of the scan. A sample COVID Attestation form is attached.
	If you exhibit any of the symptoms related to COVID-19, your scan will be cancelled.
	The city and the University of Washington requires you to wear a face covering or a mask during your visit to DISC
	Upon entry into the DISC area, you will be asked to fill out a visitation log that will be used for contact tracing. A sample form is attached. This document will be securely stored and then shredded in 4 weeks.
6 ft	You will be required to maintain social distancing at all times and limit companions to none or 1 person
	You will be provided with a plastic bag to keep your belongings. Although the subject preparation/wait rooms are equipped with lockers, we ask that you not use them.
	You will be provided with a procedure mask and latex-free gloves for the duration of your scan. (Children under 2 are excluded from this requirement)
X	Please do not move furniture in the DISC area. It has been arranged to maximize social distancing.
	Please follow all signs. You are allowed to go to areas marked by the blue arrow. Routes marked with yellow arrows are for employees only.
	Your technologist will be wearing a mask, gloves, face shield, and lab coat to minimize skin-to-skin contact and droplet spread. It may not be easy to see their face.
	All participant areas are cleaned immediately after the scan with EPA-approved, medical-grade disinfectant.
	All public areas (such as rest-room door handles) will be wiped frequently during the day with EPA-approved, medical-grade disinfectant.

Please initial: _____

Date: _____

COVID Assessment and Attestation

Have you experienced any of the following symptoms:

- A new fever (100.4 F or higher) or a sense of having a fever?
- A new cough that you cannot attribute to another health condition?
- New shortness of breath that you cannot attribute to another health condition?
- A new sore throat that you cannot attribute to another health condition?
- New muscle aches that you cannot attribute to another health condition or that may have been caused by a specific activity, such as physical exercise?
- New respiratory symptoms, such as sore throat, runny nose/nasal congestion or sneezing, that you cannot attribute to another health condition?
- New chills or repeated shaking with chills that you cannot attribute to another health condition?
- New loss of taste or smell that you cannot attribute to another health condition?

If the answer to any of the above questions is 'Yes' Please leave the area and self-quarantine.

I attest that prior to coming to DISC on _____ that I do not have any of the above symptoms. Please check the boxes below

- I read the above statement.
- I attest that I do not have any of the above symptoms.

Signature here: _____

NON-DISC Personnel Visit Log

Name:

Phone:

Email:

DATE:

Arrival time:

Departure time:

All personnel will wear a cloth mask: