## **CAMRIS**

## **Stellar Chance Safety Stipulation Agreement**

IRB Protocol#: _	
Study Title:	
	d that the following safety stipulations/limitations are understood and agreed upon by myself (the PI) and regarding scanning my subject population in the Stellar Chance facility:
2. Any situ	dical care or evaluation is supported within the Imaging Center.  uation requiring medical support will be handled through calling the "511" system of the University.  otherwise arranged no drug/contrast administration is given at this facility
Approved Subje	ects to be scanned in the Stellar Chance Imaging Facility
1.	Subjects must not have:  a. uncontrolled seizures  b. require physiologic monitoring  c. be physical or mentally unstable
2.	Subjects must <u>not</u> be on life-assist devices
	Subjects must be self-aware and able to communicate (if not self-aware, they must be accompanied by their caregiver).
4.	Subjects must be able to speak and understand the English language (OR, provide a translator)
	The subject must be emancipated. If they are not, they must be accompanied by their parents, guardians, and or Investigator designate.  NOTE: These patients must also be scanned through the use of the MRI Technologist.  The subject must be ambulatory. If they are not, the Investigator must make their personnel available for moving this patient onto and off of the scanner.
please of CAMRIS reserve	RIS understands there may be some protocols that need exceptions to these rules. If this is your case contact Shannon Long at 215-573-9765 or shannon.long@uphs.upenn.edu.  es the right to stop any scanning at any time it identifies an issue/situation that increases the risk to
subjects or per	son(s) in the Stellar Chance Imaging Facility.
If applicable, lis	t any exception requests to the above:
PI Signature:	Date:
PI Printed Name	e:
	be completed by CAMRIS)
CAMRIS Approv	val of Exception Request : □ N/A □ YES □ NO
CAMRIS Approval Signature: Date:	