

Study Info

Study Information

Responsible User	<input type="text"/>
Safety Second	<input type="text"/>
Principle Investigator	<input type="text"/>
Study Short Title	<input type="text"/>
Subject ID	<input type="text"/>

Today's Date:

Month	<input type="text"/>
Day	<input type="text"/>
Year	<input type="text"/>

Magnet Room Checklist

Please use disinfectant sprays and wipes to sterilize the following equipment and surfaces. Please type the name of the individual who performed each task in text box next to each and every field and e-sign at end. If equipment not used, please fill in NA.

Magnet Room:

Head coil surfaces (20, 32, 64 channel)	<input type="text"/>
Mirror	<input type="text"/>
Emergency squeeze ball	<input type="text"/>
Button box or response device	<input type="text"/>
Patient headphones	<input type="text"/>
Physio measurement devices	<input type="text"/>
Buttons on scanner boare	<input type="text"/>

Console Room Checklist

Please use disinfectant sprays and wipes to sterilize the following equipment and surfaces. Please type the name of the individual who performed each task in text box next to each and every field and e-sign at end. If equipment not used, please fill in NA.

Console Room:

Mouse and keyboard	<input type="text"/>
Cabinet handles	<input type="text"/>
Scanner and control room door handles	<input type="text"/>
Ear plug container	<input type="text"/>
Any auxiliary equipment used (biopac, eye-tracker)	<input type="text"/>

computer etc.)

Chair armrests

Waiting / Testing Checklist

Please use disinfectant sprays and wipes to sterilize the following equipment and surfaces. Please type the name of the individual who performed each task in text box next to each and every field and e-sign at end. If equipment not used, please fill in NA.

Waiting / Testing Areas:

All desk surfaces used

Door and / or cabinet handles touched

Chair and / or couch arm rests

Participant Items Bin

Signature Block

By signing below you confirm that all information provided above is accurate.

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SIGN HERE