

*SOP Compliance Form*

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

When you initial that you have reviewed an SOP, you are acknowledging that you have read and understood the SOP, and that you agree to comply with the procedures laid out in it.

<b>SOP #</b>	<b>Standard Operating Procedure Title</b>	<b>Initials</b>	<b>Date Reviewed</b>
100.13	SOP on SOP's		
105.10	Facility Access Approval Procedure		
110.12	Facility Visitor Access Approval Procedure		
115.12	New Protocols and Ethics Procedures		
120.12	System Billing and Standard Rates		
125.10	Privacy and Confidentiality		
200.12	General MRI Safety		
205.11	Emergency Code Blue Procedure		
210.12	Emergency Fire Procedure		
215.12	Emergency Quench Procedure		
220.12	Safety and Operator Training Procedure		
225.12	Incidental Pathological Findings		
230.12	Research Participants Requiring Oral Sedation		
300.12	System Start-Up, Restart, and Shutdown Procedure		
310.12	Equipment Handling Procedures		
315.10	Gradient Insert Installation and Removal		
325.10	Data Handling and Storage Procedure		
335.08	Good-bye Scan Procedure		
340.08	PSD Loading and Backup Procedure		
400.12	Decontamination and Waste Disposal Procedure		
401.03	Minimizing Risk – COVID-19		