

# Human subjects research at The Center for Magnetic Resonance Research (CMRR)

## Required approvals prior to beginning human subjects research at CMRR:

- 1) PI and research staff need to be [registered with CMRR](#) (On-boarding process that includes registration at CMRR, verification that safety training has been completed, and access card/keys assigned. See SOP [here](#))
- 2) [Pre-IRB review](#) (necessary to obtain IRB approval for work at CMRR, reviewed by the CMRR Safety Committee. See policy [here](#))
- 3) [IRB approval](#) (Must have University of Minnesota IRB approval to conduct human research at CMRR, subjects cannot be scanned using another institutions IRB approval)
- 4) [PARS approval](#) (CMRR specific project application request system, reviewed by CMRR committees as appropriate. See policy [here](#))

## Data acquisition requirements:

- 1) Use of standard CMRR forms (link to [policy](#))
  - a. [Screening Form](#)
  - b. [Subject Information Form](#)
  - c. [Exit Questionnaire](#)
  - d. [Magnet Safety F.A.Q](#)

Field Strength	Screening Form	Subject Information Form	Exit Questionnaire
<b>3T</b>	Required	Not Required	Optional
<b>4T &amp; 7T</b>	Required	Required	Optional
<b>9.4T &amp; 10.5T</b>	Required	Required	Required

- 2) [Consent form template](#)
  - a. Includes some required language
- 3) [Scheduling magnet time on calendars](#)
- 4) [Magnet operator training](#) (if planning on operating the scanner)
  - a. [Scheduling an MR Technologist](#)
- 5) Volunteer Handling
  - a. [General guidelines/expectations](#)
  - b. [Recruitment process](#) for Dept. of Radiology researchers
- 6) [MR-Professional sign off process](#) (process to clear scans involving participants with implants, reviewed by the CMRR Safety Committee, audited for compliance)
- 7) [Data policy at scanners](#)

- 8) [Use of Protected Health Information \(PHI\) at scanners](#)
- 9) General scanning policies
  - a. [2-person rule](#)
  - b. [Contrast injections](#)
  - c. [Use of Non-Standard Equipment in Scanner Room](#)
  - d. [Hearing protection](#)
  - e. [Metalworker Policy](#)
  - f. [Emergency Procedures](#)
  - g. [Gowning/scrub requirement](#)
  - h. Policies specific to Dept. of Radiology researchers
    - i. Policy for the use of [family members as research subjects](#)
    - ii. Policy to [minimize coercion](#)
- 10) [Mailing list enrollment](#) (important communications/announcements are sent via the mailing lists. See policy [here](#))
- 11) [Parking](#)

**Post data acquisition requirements:**

- 1) [Abnormal scan/incidental findings review process](#) (radiologist review of abnormal scans offered as a service. See policy [here](#))
- 2) [Tracking process for scans at systems above 3T](#) (used to notify participants in the event that new information about repeat scans becomes available, contact information is held indefinitely)
  - a. [Document scanning protocol](#)
- 3) [Billing](#)
- 4) [Grant acknowledgment](#)
- 5) [Reporting equipment problems](#)
- 6) [Reporting of safety incidents or near incidents](#)