



LANE NEUROIMAGING LAB

6001 Research Park Blvd Madison, WI 53719
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HEALTHEmotions

RESEARCH INSTITUTE
UNIVERSITY OF WISCONSIN

Surgical Implant Information

_____ has signed up to participate in a research MRI scan at the **Lane Neuroimaging Lab** at the *HealthEmotions Research Institute* (HERI) at the University of Wisconsin. A preliminary screening has indicated the implanted device described below. To ensure safety, HERI is asking for device name, model number, and serial number to cross reference with UW MRI safety staff and manuals.

Implanted device (to be filled out by subject or research coordinator):

Device Details (to be filled out by subject or clinician, verified by physician signature below):

Device name: _____ (Not Known)

Device model number: _____ (Not Known)

Device serial number: _____ (Not Known)

I certify that the above information is correct.

Physician Signature _____ Date _____

PRINT Physician Name _____ Date _____

More than one implanted device; please see additional form

Please **FAX** completed form to **(608) 238-1473** Attn: MRI Research
OR mail to: Lane Neuroimaging Lab
6001 Research Park Blvd, Madison, WI 53719