



# Western

Centre for Functional  
and Metabolic Mapping

## **3T/7T MRI FACILITY SECURITY ACCESS REQUEST LETTER**

Attention: Joe Gati  
CFMM Associate Director  
jgati@robarts.ca

I, \_\_\_\_\_, hereby request Security Access to the 3T/7T MRI  
**Name of Principle Investigator (please print)**

Facility for the individual named below. I understand that Security Access is subject to the discretion of the CFMM Associate Director and/or Director and may be revoked at any time. I also understand that in order to obtain and maintain Security Access, this individual must complete the appropriate safety training as outlined by the facility in SOP#130: "MRI Personnel Training".

Furthermore, I declare that I will take full responsibility for the actions of this individual, including any acts of negligence which may cause damage to equipment or physical injury to themselves or individuals working under their supervision. I am also aware that this individual is responsible for the quality of their own data (if applicable), while working in the 3T/7T MRI Facility.

**Name of Individual Requiring Security Access:** \_\_\_\_\_

**Position** (Graduate Student, RA, etc): \_\_\_\_\_

**Western ID Card Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Principle Investigator**

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