American Institute of Ultrasound in Medicine Official Statement:
Prudent Safety in Training and Research
Approved March 19, 2007

Diagnostic Medical Sonography has been in use since the late 1950s. There are no confirmed adverse biological effects on patients resulting from this usage. Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following recommendation: When examinations are carried out for purposes of training or research, the subject should be informed of the anticipated exposure conditions and how these compare with normal diagnostic practice.

VOLUNTEER WAIVER

The equipment utilized in the Temple College Diagnostic Medical Sonography Lab are standard diagnostic ultrasound machines with no modifications. A routine sonogram in a clinical setting, hospital, office or clinic, will take between 15 minutes to one hour depending on the scope of the exam. A volunteer in the Temple College Diagnostic Medical Sonography Lab can expect to spend approximately 45 minutes in total scan time during each visit.

The following individual volunteered as a sonographic subject for a Sonography student in the Diagnostic Medical Sonography Lab at Temple College. The volunteer understands that this is conducted in a teaching situation and in no way constitutes a diagnostic examination. Any images, pictures, or recordings created by the student and/or the instructor during the scanning session cannot be given to the volunteer. All documentation is part of the student’s record.

The volunteer agrees that Temple College, the students, or the instructor will not be held legally liable for any damages or information gained or missed as a result of this procedure, whether or not that information is accurate or inaccurate. The volunteer has read and understands this statement and signifies so by his or her signature.

_________________________________  ________________ _________________
Volunteer Signature     Volunteer Printed Name

_________________________________   _______________ __________________
Date                           Witness