

### Volunteer Authorization Form

By signing this form, you agree to act as a volunteer for one or more sonogram studies performed by the students enrolled at the University of Nebraska Medical Center. You will not be paid or receive any other benefit as a result of your participation. The purpose of your participation will be to assist students in their educational and clinical training.

Volunteers will be exposed to ultrasound beam intensities typical of exposure conditions used for normal diagnostic practice. These intensities will be less than 1 W/cm<sup>2</sup> (for focused ultrasound) which is the standard approved by the American Institute of Ultrasound in Medicine, October 1987. Volunteers may safely receive multiple sonograms. Volunteers must be age 19 or older. Volunteers for obstetrical sonograms must have a normal 18-20 week screening ultrasound from an outside provider.

Sonograms performed by a UNMC student will be done under the supervision of a registered sonographer with attention focused on prudent use of exposure times. Any images acquired are NOT considered diagnostic, will NOT be interpreted by a radiologist, and will NOT be part of your medical record. If you have questions, please discuss them with the credentialed sonographer.

_____	_____	_____
Name of Volunteer	DOB	Date

_____	_____
Supervising Credentialed Sonographer	Date