

**MEDICAL COLLEGE OF GEORGIA  
SCHOOL OF ALLIED HEALTH SCIENCES  
DEPARTMENT OF BIOMEDICAL & RADIOLOGICAL TECHNOLOGIES  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**

**VOLUNTEER INFORMATION SHEET & CONSENT FORM**

As an adult at least 18 years of age, you have agreed to participate as a volunteer for Medical College of Georgia Diagnostic Medical Sonography students learning diagnostic medical sonography (ultrasound). Sonography is a medical procedure that uses high frequency sound waves to produce images of the human body.

Ultrasound procedures do not involve exposure to any X-ray or other radioactive substances. In fact, there are no known harmful effects resulting from the uses of ultrasound for which you have volunteered.

The purpose of the procedures to be performed on you is to better educate students in the use of sonography. The purpose of the procedure is **not** to locate or diagnose medical conditions. Faculty from the Diagnostic Medical Sonography program will be present during the exam and if anything unusual is suspected, you will be informed and we will recommend that you see your physician for follow-up care. However, because the purpose of this procedure is **not** to look for any disease, it is possible that disease would not be detected. The faculty, student, medical director, or any other entities of the Medical College of Georgia are not responsible for any outcomes involved with the procedure. If you suspect that you have a medical disease or condition that needs diagnosis, you should see your physician.

Thank you for participating in this exercise in order to more adequately train our students. If you need directions to our lab please contact the department at 706-721-3691.

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**Volunteer Printed Name/Signature** **Date**

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**Parent Signature if Volunteer is a Minor** **Date**

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**Witness Signature** **Date**

**Volunteer Address & Phone Number:**

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