

MR Safety Screening Form

Subject Name _____ Date ____/____/____

Principal Investigator: _____

Age ____ Sex ____ male ____ female Height _____ Weight _____

Have you had prior surgery or an operation in which medical devices may have been implanted?
r No r Yes

If yes, please indicate the date(s) and type(s) of surgery: _____

Have you had a prior MRI examination rNo r Yes

If yes, please list: Date, Body part, Facility _____

Have you experienced any problem related to a previous MRI examination or MR procedure?
r No r Yes

If yes, please describe: _____

Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? r No r Yes

If yes, please describe: _____

Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?
r No r Yes


If yes, please describe: _____

Are you allergic to latex? r No r Yes

Are you allergic to any medication? r No r Yes

If yes, please list: _____

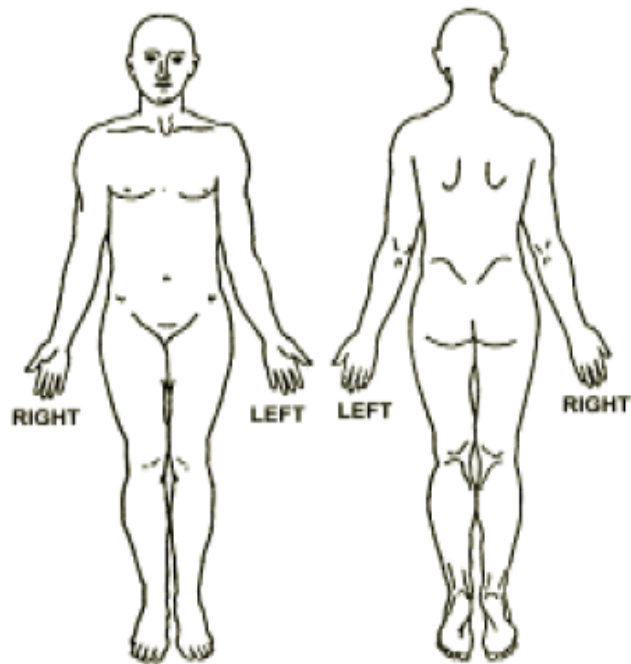
Current scientific literature has not identified any risks to the developing fetus in pregnant women undergoing MRI procedures. However, the researchers would strongly urge that women who are pregnant, or who may become pregnant prior to participating in the study, consult with their personal physician to determine whether the physician would or would not recommend their participation in the study.

	<p>WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.</p>
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Please indicate if you have any of the following:

- r Yes r No Aneurysm clip(s)
- r Yes r No Cardiac pacemaker
- r Yes r No Implanted cardioverter defibrillator (ICD)
- r Yes r No Electronic implant or device
- r Yes r No Magnetically-activated implant or device
- r Yes r No Neurostimulation system
- r Yes r No Spinal cord stimulator
- r Yes r No Internal electrodes or wires
- r Yes r No Bone growth/bone fusion stimulator
- r Yes r No Cochlear, otologic, or other ear implant
- r Yes r No Insulin or other infusion pump
- r Yes r No Implanted drug infusion device
- r Yes r No Any type of prosthesis (eye, penile, etc.)
- r Yes r No Heart valve prosthesis
- r Yes r No Eyelid spring or wire
- r Yes r No Artificial or prosthetic limb
- r Yes r No Metallic stent, filter, or coil
- r Yes r No Shunt (spinal or intraventricular)
- r Yes r No Vascular access port and/or catheter
- r Yes r No Radiation seeds or implants
- r Yes r No Swan-Ganz or thermodilution catheter
- r Yes r No Medication patch (Nicotine, Nitroglycerine)
- r Yes r No Any metallic fragment or foreign body
- r Yes r No Wire mesh implant
- r Yes r No Tissue expander (e.g., breast)
- r Yes r No Surgical staples, clips, or metallic sutures
- r Yes r No Joint replacement (hip, knee, etc.)
- r Yes r No Bone/joint pin, screw, nail, wire, plate, etc.
- r Yes r No IUD, diaphragm, or pessary
- r Yes r No Dentures or partial plates
- r Yes r No Tattoo or permanent makeup
- r Yes r No Body piercing jewelry
- r Yes r No Hearing aid (*Remove before entering MRI*)
- r Yes r No Other implant _____
- r Yes r No Breathing problem or motion disorder
- r Yes r No Claustrophobia
- r Yes r No Difficulty lying flat

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



IMPORTANT INSTRUCTIONS


Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Note: You will be required to wear earplugs or other hearing protection during the MRI procedure to prevent possible problems or hazards related to the loud noises the MRI scanner makes while taking pictures.

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo.

Participant Signature: _____ Date _____

Form reviewed by: _____ Date _____

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