

## MAGNETIC RESONANCE (MR) SAFETY SCREENING FORM

**\*\*Please complete both sides in their entirety\*\***

*(If under 18, form must be signed and completed by parent or legal guardian)*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

Subject ID \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

- |  | No | Yes |
|--|----|-----|
| 1. Have you had prior surgery or an operation (e.g., heart, brain, spine, eyes, abdominal) of any kind?                              | No | Yes |
| If yes, please indicate the date and type of surgery:  |    |     |
| Date ____/____/____ Type of surgery _____  |    |     |
| Date ____/____/____ Type of surgery _____  |    |     |
| Date ____/____/____ Type of surgery _____  |    |     |
| Date ____/____/____ Type of surgery _____  |    |     |
| 2. Is this your first MRI?   | No | Yes |
| 3. Have you experienced any problem related to a previous MRI examination or MR procedure?   | No | Yes |
| If yes, please describe: _____   |    |     |
| 4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? | No | Yes |
| If yes, please describe: _____   |    |     |
| 5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?                               | No | Yes |
| If yes, please describe: _____   |    |     |
| 6. Have you had surgery in the last 8 weeks?   | No | Yes |
| If yes, please list: _____   |    |     |
| 7. Are you wearing a wig or have any other artificial hair?  | No | Yes |
| 8. Can you stand without assistance?   | No | Yes |
| 9. Are you wearing clothing that contains metallic fibers? (Anti-odor or microbial, copper brace, etc)                               | No | Yes |
| 10. Do you require vision correction?  | No | Yes |
| If yes, please wear contacts or bring your prescription information  |    |     |
| 11. Do you have any dental work other than fillings? (Please indicate if removable)  | No | Yes |
| If yes, please list: _____   |    |     |

For female participants:

- |   |    |     |
|---|----|-----|
| 12. Are you pregnant or think you may be pregnant?                      | No | Yes |
| 13. Are you wearing a bra with a metal underwire, clasps, or adjusters? | No | Yes |

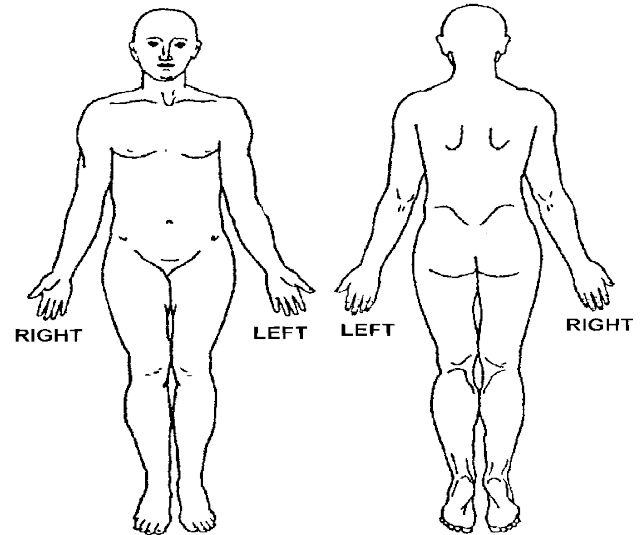


**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object.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

Please indicate if you have any of the following:

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

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.

Please consult the MRI Technologist or Director if you have any question or concern BEFORE you enter the MR system room.

**NOTE: You will be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.**

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

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

Form Completed By: Participant Relative RA \_\_\_\_\_  
Print name Relationship to participant

Form Information Reviewed By: \_\_\_\_\_  
Print name Signature

#### For Staff Use Only:

Consent Form Reviewed By: \_\_\_\_\_ Research Staff Initials: \_\_\_\_\_

Study ID: HUM\_\_\_\_\_ Date Approved: \_\_\_\_\_ Expiration Date: \_\_\_\_\_