

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 _____

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
If yes, you will be required to remove wig and cap prior to scanning and other artificial hair may need to be tested prior to scanning

8. Can you stand without assistance? No Yes

9. You will be required to change into provided scrubs before scanning. I acknowledge and agree to change
 If no, we will be unable to scan at time of visit. 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. If you are wearing any type of bra (under wire, seamless, sports bra, tank etc.) this will be required to be removed prior to scanning. I acknowledge and agree to remove
No Yes

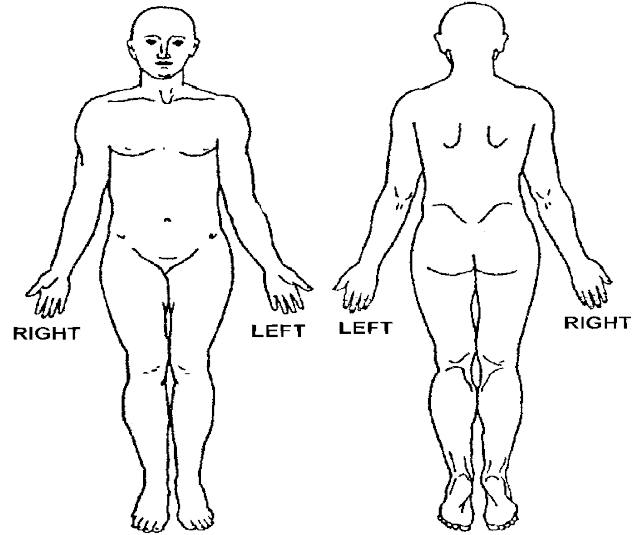


WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. 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 |
| | | (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 (technologist): _____ Research Staff Initials: _____

Study ID: HUM _____ Date Approved: _____ Expiration Date: _____