

MRI Safety Screening Form for Imaging Research Participants

Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MRI scan. Because certain metallic objects may interfere with the strong magnetic field used for this imaging procedure and to ensure a safe and satisfactory study, it is necessary to answer the following questions. **Do not enter** the MRI scan room if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist **BEFORE** entering the MRI scan room.

Print Name: _____

Date of Birth: ____/____/____

Height: _____ ft. _____ in

Weight: _____

List all prior surgeries below and their approximate dates. You cannot be scanned until 90 days have elapsed following any surgery.

List allergies to medications:

A participant who answers **YES** to any of the following questions may **NOT** be placed in the MRI scanner.

- Yes No Cardiac pacemaker
- Yes No Implanted cardiac defibrillator (ICD)
- Yes No Brain aneurysm clip(s) or coils
- Yes No Brain or spinal shunts
- Yes No Electronic implant or device
- Yes No Magnetically activated implant or device
- Yes No Computer programmable device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Bladder or sacral nerve stimulation system
- Yes No Bone growth stimulator
- Yes No Internal electrodes/wires/abandoned leads
- Yes No Tissue expander prior to breast implants
- Yes No Implanted drug infusion device
- Yes No Eyelid spring or wire, or other eye implants
- Yes No Cochlear or other ear implant
- Yes No Permanent eye makeup
- Yes No Body tattoo less than 6 weeks old
- Yes No Bullets, BB's, or shrapnel
- Yes No Braces or permanent retainer
- Yes No Have you ever worked with sheet metal or done metal grinding as a hobby/profession?

- Yes No Have you ever been hit in the face or eye with a piece of metal?
- Yes No Have you ever had a piece of metal removed from your eye(s)?
- Yes No Penile Implant (males)
- Yes No IUD or pessary (females)
- Yes No Are you or could you be pregnant?

A participant who answers **YES** to any of the following must provide an implant card with make, model and serial number of implant.

- Yes No Heart valve (mechanical, bovine, porcine)
- Yes No Stent, IVC filter, or coil **Date:** _____
- Yes No Orthopedic hardware: Pins, screws, plates
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Surgical staples, clips, metallic sutures
- Yes No Wire mesh
- Yes No Transdermal medication patch
- Yes No Insulin or other infusion pump
- Yes No Glucose monitor or transmitter device

A participant who answers **YES** to any of the following may enter the MRI scanner **ONLY** after removing the object.

- Yes No Dentures or partial plates
- Yes No Hearing aid
- Yes No ALL body piercing jewelry
- Yes No Colored contact lenses
- Yes No Hair weaves, extensions, braids, bobby pins
- Yes No Diaphragm (females)
- Yes No Prescription eyewear
- Yes No Are you claustrophobic?

In signing the form, I certify that the information is complete and accurate to the best of my knowledge. I acknowledge that I have been briefed on the potential hazards of strong magnetic fields produced by the MRI, and that I accept any risk associated with being scanned.

Participant Signature	____/____/____ Date
Self/ Relationship to Participant	____/____/____ Date
Investigator's Signature	____/____/____ Date
Technologist Signature	____/____/____ Date