

## 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	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	Body tattoo less than 8 weeks old
Yes	No	Permanent facial makeup: Micro-blading, eye liner, lip blushing
Yes	No	Dentures held in place with magnets
Yes	No	Bullets, BB's, or shrapnel
Yes	No	Braces, permanent retainer or metal spacer

Yes	No	Have you <u>ever</u> worked with sheet metal or done metal grinding as a hobby/profession?
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) <b>ONLY</b> Mirena is acceptable
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 <b>Date:</b> _____
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	<b>ALL</b> 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