MAGNETIC RESONANCE IMAGING (MRI) SCREENING FORM FOR RESEARCH SUBJECTS

Date ____/_____/___ Participant Number _____

Study Name or Principal Investigator_____

Name _____ Age _____ Height _____ Weight _____
Last name First name Middle initial

Male ☐ Female ☐

Address _____ Telephone (home) (_____) _____-_____

City _____ Telephone (work) (_____) _____-_____

State _____ Zip code _____

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1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes
   If yes, please indicate the date and type of surgery: Date _____/_____/_____

   Type of surgery _____

   Where was the surgery done? _____

2. Have you had a previous MRI examination or MR procedure? ☐ 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 (BB, bullet, shrapnel, etc.)? ☐ No ☐ Yes
   If yes, please describe: _____

6. Do you or have you ever had cancer? ☐ No ☐ Yes
   If yes, please list when and what kind: _____

7. Have you had radiation or chemotherapy? ☐ No ☐ Yes

8. Do you have any allergies? ☐ No ☐ Yes
   If yes, please list: _____

9. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? ☐ No ☐ Yes

10. Do you have anemia, sickle cell anemia or any disease(s) that affects your blood, or a history of renal (kidney) disease? ☐ No ☐ Yes
    If yes, please describe_____

11. Have you ever had a seizure? ☐ No ☐ Yes

12. Are you pregnant? ☐ No ☐ Yes

Information has been reviewed, and any and all changes since previous MR study are noted.

Date _____ Participant initials _____ Screener initials_____
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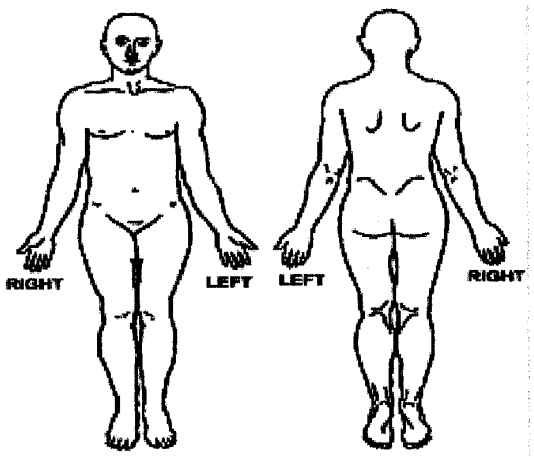
WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, functional MRI, MR spectroscopy). **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device or object. Consult the MRI Scanner Operator or Principal Investigator BEFORE entering the MR system room. **The MR system magnet is ALWAYS ON.**

Please indicate if you have any of the following implants and or devices:

- ☐ Yes ☐ No Aneurysm clip(s)
- ☐ Yes ☐ No Cardiac pacemaker
- ☐ Yes ☐ No Implanted cardioverter defibrillator (ICD)
- ☐ Yes ☐ No Neuro, bone or bladder stimulator
- ☐ Yes ☐ No Internal electrodes or wires
- ☐ Yes ☐ No Cochlear, otologic or other ear implant
- ☐ Yes ☐ No Medication or other infusion pump
- ☐ Yes ☐ No Any type of prosthesis (eye, penile, etc.)
- ☐ Yes ☐ No Mechanical heart valve prosthesis
- ☐ Yes ☐ No Artificial or prosthetic limb
- ☐ Yes ☐ No Metallic stent, shunt, filter, or coil
- ☐ Yes ☐ No Medication patch (Nicotine, birth control)
- ☐ Yes ☐ No Any metallic fragment or foreign body
- ☐ Yes ☐ No Breast tissue expander
- ☐ 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 other pelvic devices
- ☐ Yes ☐ No Dentures or partial plates
- ☐ Yes ☐ No Tattoo or permanent makeup
- ☐ Yes ☐ No Body piercing jewelry
- ☐ Yes ☐ No Hearing aid
  (*Remove before entering MR scanner 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.



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

Before entering the MR environment or MR system room, you must remove <u>all</u> metallic objects including hearing aids, dentures, partial plates, keys, cell phone, fitness devices, 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, and clothing with metallic threads.

Please consult the MRI Scanner Operator if you have any questions or concerns BEFORE you enter the MR scanner room.

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 ☐ Nurse ☐ Other _____
Print name Relationship to participant

Form Information Reviewed By: _____
Print name Signature

☐ MRI Technologist ☐ Nurse ☐ Radiologist ☐ Other_____

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