

MAGNETIC RESONANCE (MR) SCREENING FORM FOR VOLUNTEERS

Date ____/____/____ IRB Number _____

Name _____ Age _____ Height _____ Weight _____

Last name First name Middle Initial

Date of Birth ____/____/____

Male

Female

Many items are contraindicated in the MRI environment. These items may be located on your body or in your body. Please carefully read the following questions and mark the corresponding answer.

Do you have a pacemaker, defibrillator or pacing wires? YES NO

Have you ever had heart surgery (ex: coronary stents, valve replacements)? YES NO

Have you ever had surgery to your head (including eyes, ears, brain), neck or spine? YES NO

Do you have any medical devices or implants *in* your body? YES NO

Do you have any items attached *to* your body? YES NO

Do you have any implanted metal pins, plates, screws or wires? YES NO

Have you had any surgical procedures or an endoscopy within the last 6 weeks? YES NO

Please list any other surgical procedures you have had in the space below: YES NO

Have you ever had an incident involving metal to your eyes or body from drilling, grinding, welding, traffic accident, explosion, shooting or shrapnel? YES NO

Do you suffer from blackouts, epilepsy, diabetes or COPD? YES NO

Do you have a condition known to change your normal body temperature? YES NO

(Females only)

Do you have an IUD or a pessary? Is there any possibility that you are pregnant? YES NO

IF YOU HAVE ANY QUESTIONS PLEASE ASK BEFORE YOUR SCAN

Volunteer signature: _____ Date: _____

Staff signature: _____ Date: _____

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 Radiation seeds or implants
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch (Nicotine, Nitroglycerine)
- 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
- Yes No Dentures or partial plates
- Yes No Tattoo or permanent makeup
- Yes No Body piercing jewelry
- Yes No Hearing aid

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). You will be required to remove clothing that is not 100% cotton, or a cotton/polyester blend. 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 **BEFORE** entering the MR system room. The MR system magnet is **ALWAYS** on.

Important Instructions

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aid, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metallic threads.

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