

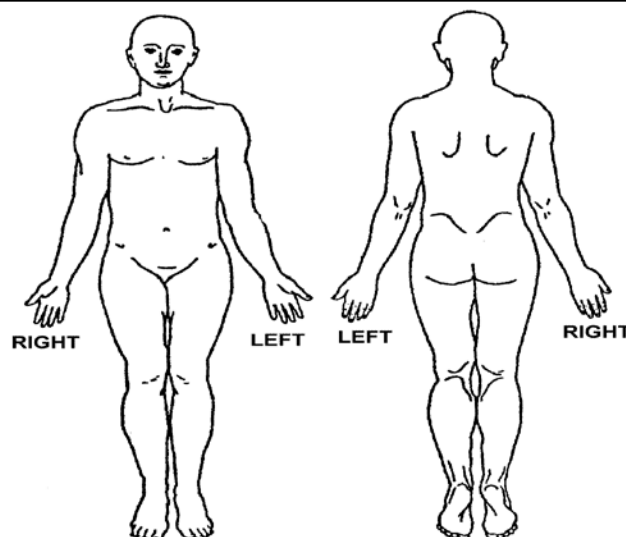
MRI SCREENING FORM

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. If you are unsure about whether any of the devices, implants, or objects listed below are MRI compatible, please talk to the principal investigator or the MRI technologist. Consult the PI or MRI Technologist **BEFORE** entering the MR system room. The MR system magnet is **ALWAYS** on.

Please indicate only if you have any non-MRI compatible:
 (REMINDER: IF YOU ARE UNSURE OF MRI COMPATIBILITY, PLEASE CONSULT THE PI OR MRI TECHNOLOGIST.)

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aneurysm clip(s) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cardiac pacemaker |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted cardioverter defibrillator (ICD) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Electronic implant or device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Magnetically-activated implant or device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neurostimulation system |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Spinal cord stimulator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Internal electrodes or wires |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bone growth/bone fusion stimulator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cochlear, otologic, or other ear implant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insulin or other infusion pump |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted drug infusion device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any type of prosthesis (eye, penile, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart valve prosthesis |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Eyelid spring or wire |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Artificial or prosthetic limb |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Metallic stent, filter, or coil |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shunt (spinal or intraventricular) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vascular access port and/or catheter |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Radiation seeds or implants |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Swan-Ganz or thermodilution catheter |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medication patch (Nicotine, Nitroglycerine) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any metallic fragment or foreign body |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wire mesh implant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tissue expander (e.g., breast) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Surgical staples, clips, or metallic sutures |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Joint replacement (hip, knee, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bone/joint pin, screw, nail, wire, plate, etc. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Copper 7, Copper T, or stainless steel IUD |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diaphragm, or pessary |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dentures or partial plates |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tattoo or permanent makeup |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Body piercing jewelry |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hearing aid - <i>Remove before entering MR system</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other implant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Breathing problem or motion disorder that could disrupt MRI procedure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Claustrophobia |

Please mark on the figure(s) below the location of any implant, wearables, or metal inside 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 inform the MRI Technologist of all non-metallic implants or wearables, e.g. contact lenses.

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

NOTE: You may be advised or 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

Form Completed by: Self/Participant Relative

Print Name

Relationship to Participant

Form Reviewed By: MRI Technologist Other

Print Name

Signature

If other, specify: _____