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.)

☐ 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 Copper 7, Copper T, or stainless steel IUD
☐ Yes ☐ No Diaphragm, or pessary
☐ 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 system
☐ Yes ☐ No Other implant
☐ Yes ☐ No Breathing problem or motion disorder that could disrupt MRI procedure
☐ Yes ☐ 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.

Adapted from the MR Environment Screening Form for Individuals
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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: _________________________________