

# MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR RESEARCH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name or Coded Study Number \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Male  Female

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 \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_
2. Have you experienced any problem related to a previous MRI examination or MR procedure?  No  Yes  
If yes, please describe: \_\_\_\_\_
3. 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: \_\_\_\_\_
4. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  No  Yes  
If yes, please describe: \_\_\_\_\_
5. Are you currently taking or have you recently taken any medication or drug?  No  Yes  
If yes, please list: \_\_\_\_\_
6. Are you allergic to any medication?  No  Yes  
If yes, please list: \_\_\_\_\_
7. 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
8. Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, or seizures?  No  Yes  
If yes, please describe: \_\_\_\_\_

## For female subjects:

9. Are you pregnant or suspect that you are pregnant?  No  Yes
10. Are you currently breastfeeding?  No  Yes

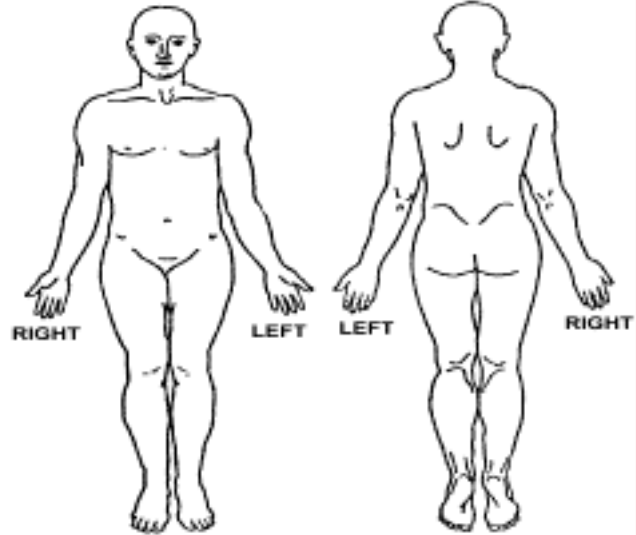


**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Researcher **BEFORE** entering the MR system room. **The MR system magnet is ALWAYS on.**

**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  
(Remove before entering MR system 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.**



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

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

Form Completed By:  Subject  Relative  Nurse \_\_\_\_\_  
Print name Relationship to subject

Form Information Reviewed By: \_\_\_\_\_  
Print name Signature

MRI Technologist  Researcher  Other \_\_\_\_\_

# MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS\*



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. **Be advised, the MR system magnet is ALWAYS on.**

**\*NOTE: If you are a subject preparing to undergo an MR examination, you are required to fill out a different form.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
month day year Last Name First Name Middle Initial  
Address \_\_\_\_\_ Telephone (home) (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
City \_\_\_\_\_ Telephone (work) (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?  No  Yes  
If yes, please indicate date and type of surgery: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)?  No  Yes  
If yes, please describe: \_\_\_\_\_
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  No  Yes  
If yes, please describe: \_\_\_\_\_
4. Are you pregnant or suspect that you are pregnant?  No  Yes



**WARNING:** Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

**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 Cochlear implant or implanted hearing aid
- Yes  No Insulin or infusion pump
- Yes  No Implanted drug infusion device
- Yes  No Any type of prosthesis or implant
- Yes  No Artificial or prosthetic limb
- Yes  No Any metallic fragment or foreign body
- Yes  No Any external or internal metallic object
- Yes  No Hearing aid  
(Remove before entering the MR system room)
- Yes  No Other implant \_\_\_\_\_



## IMPORTANT INSTRUCTIONS

**Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.**

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

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: \_\_\_\_\_  
Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Information Reviewed By: \_\_\_\_\_  
Print name

Signature

- MRI Technologist  Researcher  Other \_\_\_\_\_