MRI Safety Screening for Research Participants

Intermountain Neuroimaging Consortium
UNIVERSITY OF COLORADO **BOULDER**

Date: _____ Study: _____ URSI #: _____

Name: _____
Last Name First Name

Age and gender information enable the radiologist to more accurately assess the potential medical relevance of an incidental finding. Accurate height and weight after you have changed into INC scrubs are needed for safety and data quality purposes.

Date of Birth: _____ Age: _____ Height: _____ Weight: _____
mm/dd/yyyy feet/inches or cm lbs or kgs

Gender Identity: _____

WARNING: MRI scanners use an extremely powerful magnetic field.
This field is ALWAYS ON, whether or not the scanner is collecting images.

Your entire body is exposed to this magnetic field, not just the body part we are scanning. Certain implants, devices, surgeries and medical procedures, and other objects, may be hazardous to you and others in an MRI environment, or may negatively impact the quality of your MRI research data. Since this research MRI scan provides no medical benefit to you, INC's safety policies are more stringent than what would be used in a medical/hospital environment. The INC MRI Research Technologist will go over this completed form with you prior to starting your MRI scan session. If you have any questions about this form, please ask BEFORE entering the room with the MRI scanner.

The goal of this form is to identify anything that is in or on your body, that was not there when you were born.

For each of the following, please indicate "Yes" or "No" if you have had any related surgeries, implants, or other procedures *at any time in your life*. If "Yes", please describe and include approximate date.

Yes / No

_____ Eyes _____

_____ Ears _____

_____ Brain _____

_____ Spine _____

_____ Heart _____

_____ Chest _____

_____ Abdomen/Pelvis _____

_____ Orthopedic (bones/joints) _____

_____ Blood Vessel Implant _____

_____ Current or Previous Electronic Implant _____

_____ ANY Other Surgeries _____

Are you pregnant? Yes No Unsure *We have pregnancy tests available if needed.*

Do you have an IUD, or any type of *implanted* birth control? Yes No

If yes, what is the exact brand? _____

Please read through each of the following questions carefully and indicate "Yes" or "No" on the line.

_____ Have you ever had an injury to the eye involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, etc.), or had metal shavings hit your ***eyes*** while welding/grinding/metalsmithing/etc.?

_____ Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)?

_____ Have you ingested any type of electronic medical device (e.g. PillCam, core temperature monitor, etc.) in the past four months?

_____ Have you ingested any metallic object (e.g. coins, toys, magnets, etc.) in the past four months?

_____ Do you have any *removable* dental work, permanent retainer wire, or dental implants, other than fillings?

_____ Are you wearing hearing aids? If yes, they can be worn to MRI control room, but must be removed prior to going in magnet room.

_____ Have you had a colonoscopy, or endoscopy, in the past four months in which you were told "clips" were placed?

_____ Have you acquired a new tattoo on *any* part of your body in the past two months?

_____ Have you ever had permanent or tattooed facial makeup, or microblading?

_____ Are you currently taking, or have recently taken, any type of medication or other drug?

If yes, please list: _____

_____ Are you currently wearing any type of medicine patch (Nicotine, pain medicine, hormone, heat, etc.) on *any* part of your body?

_____ Do you currently have ***any*** type of jewelry on ***any*** part of your body?

_____ Are you wearing any clothing item underneath our scrubs that has any type of hook/wire/fastener/adjustment ring/eyelet/zipper, even if you think it is plastic?

_____ Are you wearing any clothing item that contains silver/copper/metallic-enhanced fibers? (may be listed on garment tag, or if the clothing is labeled "antimicrobial," it likely contains metallic fibers)

_____ Have you ever experienced increased anxiety in small places, or claustrophobia?

I attest the above information is correct. I have read and understand the contents of this form and have had an opportunity to ask questions regarding the information on this form. I understand that my failure to accurately disclose any of the requested information may put myself and others at risk and I agree to assume all risk of injury or loss resulting from or arising out of my failure to accurately disclose this information. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my failure to accurately disclose the requested information.

Date: _____

Printed name of person completing this form: _____

Signature: _____

If not the MRI Participant, relationship to participant: _____

Signature of INC MRI Research Technologist reviewing this form:

_____