MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR RESEARCH SUBJECTS

Date _____/_____/______                                                                         Subject Number _______________

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure. Do not enter the MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI physicist, technologist or Radiologist BEFORE entering the MR system room. The MR magnet is ALWAYS ON.

Please indicate if you have any of the following:

- [ ] YES [ ] NO Aneurysm clips
- [ ] 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 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 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

Please Mark on the figure(s) below the location of any implant or metal inside of or on your body.

![Human body with markings for implant locations]

Are you pregnant or trying to get pregnant:__________

Weight: ________________________

Age: ________________________

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, and bra.

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.

______________________________________________                           Date   ________/________/_______
Signature of person completing form

______________________________________________                  ______________________________________
Form information reviewed by          Print name                                                           Signature