

# MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR RESEARCH SUBJECTS

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

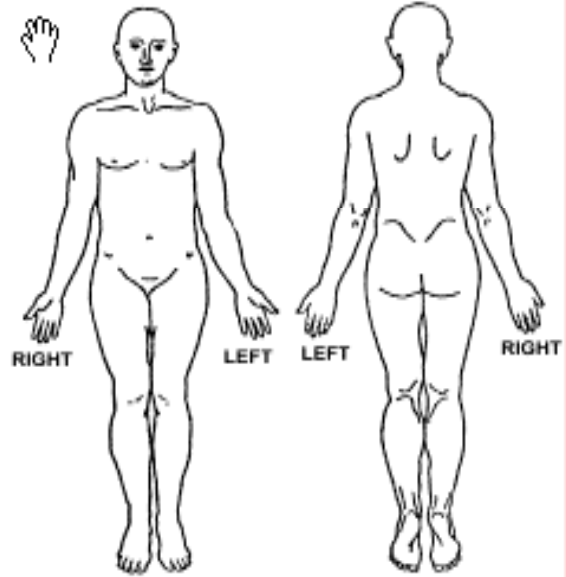
Subject Number \_\_\_\_\_

**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
- YES  NO *Remove prior to entering MR system room*  
Other implant \_\_\_\_\_

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



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.

\_\_\_\_\_  
Signature of person completing form

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

\_\_\_\_\_  
Form information reviewed by      Print name

\_\_\_\_\_  
Signature