

Centre for Neuroscience Studies



fMRI Facility

MAGNETIC RESONANCE (MR) IMAGING SAFETY CHECKLIST FOR RESEARCH SUBJECTS

This MR system has a very strong magnetic field (3 Tesla) that may be hazardous to individuals entering the magnet 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 magnet room. Be advised, the magnet is ALWAYS ON. This questionnaire must be completed accurately to ensure safety. An answer of "Yes" in a category may not necessarily exclude you from entry into the MRI or its vicinity.

Full Name: _____ DOB: ____/____/____ Weight: _____ Height: _____
Given / Middle / Family MM / DD / YYYY

Family Physician Name: _____ Address or City: _____

Please Circle

- Have you had prior surgery or an operation of any kind? Yes No
- Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)? Yes No
- Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)? Yes No
- Are you pregnant or suspect that you are pregnant? Yes No
- Do you have any history of claustrophobia, panic attacks, or seizures? Yes No
- Do you have any history of heart disease (angina, palpitations, heart attack, etc.)? Yes No

WARNING: Certain implants, devices or objects may be hazardous to you in the MR environment or the magnet room. DO NOT ENTER the MR environment or the magnet room if you have any questions or concern regarding an implant, device object.

Please indicate if you have any of the following:

- | | | | | | |
|-----|----|---|-----|----|--|
| Yes | No | Aneurysm clip(s) | Yes | No | Neurostimulation system |
| Yes | No | Cardiac pacemaker | Yes | No | Spinal cord stimulator |
| Yes | No | Implanted cardioverter defibrillator (ICD) | Yes | No | Cochlear implant or implanted hearing aid |
| Yes | No | Electronic implant or device | Yes | No | Insulin or infusion pump |
| Yes | No | Magnetically-activated implant or device | Yes | No | Implanted drug infusion device |
| Yes | No | Any type of prosthesis or implant | Yes | No | Any external or internal metallic object (e.g. permanent retainer, dentures, IUD, metal sutures) |
| Yes | No | Artificial or prosthetic limb | | | |
| Yes | No | Any metallic fragment or foreign body | Yes | No | Hearing Aid (Remove before entering the magnet room) |
| Yes | No | Medication patch (Nicotine, Nitroglycerine) | | | |
| Yes | No | Tissue expander (e.g. Breast) | Yes | No | Tattoo |
| Yes | No | Body piercing | Yes | No | Other implant _____ |

IMPORTANT INSTRUCTIONS: Remove all metallic objects before entering the MR environment or magnet room including hearing aids, beeper, cell phone, keys, hairpins, barrettes, jewelry, watch, safety pins, paperclips, money clips, 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 magnet room and MR environment.

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.

Person Completing Form:

Print Name Signature Date

Form Reviewed By:

Print Name Signature Date Position

For research study volunteers (to be completed at the end of the study) Total time spent in magnet (minutes) _____

Time entered by (name): _____