**Lawson Imaging 3T PET/MRI Facility** 

**Screening Form**

**The 3T PET/MRI has a very strong magnetic field that may be hazardous to individuals with certain metallic, electronic, magnetic or mechanical** 

**implants/devices. All individuals are required to fill out this form and have it reviewed by a Technologist/Operator BEFORE entering the magnet room.**

**All subjects must change into clothing that has no metal fasteners or**

**underwires and remove all metal on their person. Please be advised that the**

**magnetic field is ALWAYS ON.**

NAME: HEIGHT: DATE OF BIRTH: WEIGHT: **Please answer the following questions:**

❑ YES ❑ NO HAVE YOU HAD A PREVIOUS MRI?

❑ YES ❑ NO HAVE YOU EVER HAD A METALLIC OBJECT IN YOUR EYE? ❑ YES ❑ NO IS THERE ANY CHANCE YOU MIGHT BE PREGNANT?

❑ YES ❑ NO ARE YOU CLAUSTROPHOBIC?

**Do you have any of the following?**

❑ YES ❑ NO HEART PACEMAKER/WIRES/STENT/DEFIBRILLATOR/VALVES ❑ YES ❑ NO ANEURYSM CLIPS

❑ YES ❑ NO SHUNT/SURGICAL CLIPS

❑ YES ❑ NO SHRAPNEL/BULLETS

❑ YES ❑ NO DENTURES

❑ YES ❑ NO INTRA-UTERINE DEVICE (IUD)

❑ YES ❑ NO IMPLANTED DEVICES (EAR IMPLANTS, EYE IMPLANTS, PROSTHESES) ❑ YES ❑ NO MEDICATION PATCHES

❑ YES ❑ NO BODY PIERCING

❑ YES ❑ NO PERMANENT TATTOO/EYELINER

**Please list any surgeries on the following:**

▪ HEAD

▪ NECK

▪ SPINE

▪ CHEST

▪ ABDOMEN

▪ EXTREMITIES

▪ OTHER

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

| Participants Signature: |  | Date: |  |
| --- | --- | --- | --- |
| Technologist/Operator Signature: |  | Date: |  |