

LCNI MRI Safety Screening Questionnaire

Participant Name (please print): _____

Height (in.): _____ Weight (lbs.): _____ Month/Year of Birth (MM/YY): _____ Gender: _____

Do you wear Glasses or Contacts? (Y / N): _____ Are you claustrophobic? (Yes/No/Don't know): _____

_____ If anything so far has made you uncomfortable with continuing, please check this box and we will exclude you, no questions asked.

[] Exclusions: If any of the following devices or conditions apply, you will not be able to participate in this research due to safety or other investigator considerations. You do not need to tell us which one applies, just check the box to the left if any apply.

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| <ul style="list-style-type: none"> • Cardiac pacemaker or defibrillator • Embedded Shrapnel, buckshot, or bullets • Cerebral aneurysm clip • Deep brain stimulators | <ul style="list-style-type: none"> • Cochlear implant in ear • Metal foreign body imbedded in eye • If there is a chance you may be pregnant |
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Clarifications: If you (or your child) have any of the following items, there may be some risk if you (or your child) approach or are placed within the MRI machine. These items must be identified and checked for safety and/or removed. If not identifiable or removable, you will not be able to participate at this time.

<p>_____ Vascular stents, filters, or coils Yes No</p> <p>_____ Shunt (spinal or ventricular) Yes No</p> <p>_____ Neurostimulator (Tens unit) Yes No</p> <p>_____ Biomedical implants Yes No</p> <p>_____ Bio-stimulation devices Yes No</p> <p>_____ Metal implants in body or head Yes No</p> <p>_____ Electrodes (on body, head, or brain) Yes No</p> <p>_____ Insulin pump Yes No</p> <p>_____ Anti-microbial clothing (e.g. yoga pants, dri-fit, athletic wear) that contains metal fibers Yes No</p>	<p>_____ Prosthesis Yes No</p> <p>_____ Dental work/Braces/Retainers/Dentures Yes No</p> <p>_____ Tattoos Yes No</p> <p>_____ Hearing aid Yes No</p> <p>_____ Internal pacing wires Yes No</p> <p>_____ Medication skin patch Yes No</p> <p>_____ Non-removable piercings Yes No</p> <p>_____ Jewelry, watches, or items in your pockets Yes No</p>
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Please list any surgical procedures: _____

Have all incidents that may have left **metal** in your (or your child's) body been addressed above? _____
If not, please describe: _____ Yes No

_____ If anything during this screening discussion has made you uncomfortable with continuing, please check this box and we will exclude you, no questions asked.

I certify that I have read and understood the questions in this questionnaire and that the above responses are correct to the best of my knowledge. I understand that it is my responsibility to inform research staff and/or the MRI scanner operator of any metal fragments and/or devices that I know about and that failing to do so may cause serious bodily injury or be life threatening.

Your Signature(s): _____ Date: _____

SCAN OPERATOR: I have reviewed the MRI screening form with the research participant and have determined that it is safe for him/ her to proceed with the MR study as outlined in the informed consent.

Screened by : _____ Date: _____