MRC Cognition and Brain Sciences Unit

UNIVERSITY OF CAMBRIDGE

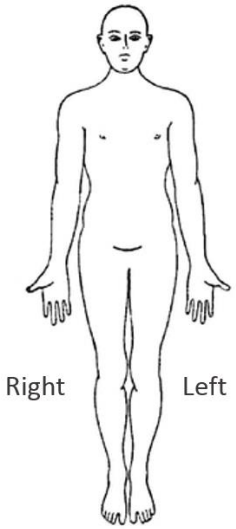
MRI Safety Screening Form

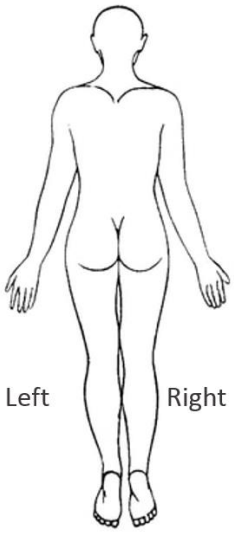
VOLUNTEER

Last Name		**First Name**		**Weight**	
DOB	/ /	**Email**		**Height**	
Address			**Postcode**		
			Telephone		
GP's Name & Address					

Please answer the following questions as best as you can. Some of the items on the list are contraindications for MRI or require additional information. If you answered **Yes** to any of the questions, please give more information to the radiographer. Use the diagram to indicate the location of the surgery/implant/device. Failure to disclose information could result in serious injury.

	Yes	No
Any surgery or other invasive procedures in the last six weeks		
Any injury to your eye involving metallic fragments		
Any possibility you may be pregnant/fertility treatment		
Cardiac pacemaker		
Internal Cardiac Defibrillator		
Pacing wires		
Aneurysm or other type of blood vessel clips		
Cochlear or other type of ear implant		
Deep brain stimulator		
Implanted insulin or other drug delivery pump		
Spinal fusion stimulator		
Shrapnel, shot or bullet		
Intraventricular or spinal shunt		
Artificial heart valve/ Annuloplasty Rings/ Sternal Suture Wires		
Venous umbrella/filter		
Vascular stents		
Embolisation coils		
Vascular access port or catheter		
Loop recorder (event monitor)		
Harrington rods (spinal rods)		
Eye/orbital prosthesis e.g. intraocular lens, eye buckle		
Artificial limb or joint		
Intrauterine device (IUD)		
Tattoos (including any semi permanent makeup)		
Orthopaedic devices (pins, screws, wires or plates)		
Penile/breast or other tissue expanders/implants		
Patches for drug delivery e.g. nicotine		
Other implanted device/foreign body not listed above		
Metallic body piercing/jewellery (Remove before entry)		
Hearing aid and/or Dentures (Remove before entry)		





University of Cambridge, MRC Cognition and Brain Sciences Unit, 15 Chaucer Road, Cambridge, CB2 7EF
radiographers@mrc-cbu.cam.ac.uk, 01223767747

Please turn over

Comments/Details

Please remove **all metallic** objects before entering the magnet room including: keys, coins, cards, phones, jewellery, watch, belt etc. Lockers are available to secure your personal belongings. Any clothing containing metallic material might need to be removed. Scrubs will be offered to get changed. **Earplugs are required during the MRI examination.**

☐ I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and I have had the opportunity to ask questions regarding the information required and regarding the MRI procedure that I am about to undergo (Please tick).

Your name		Relationship to volunteer. Please circle (self/parent/guardian)	Your Signature	
MR Staff name			MR Staff Signature	
Date	/ /			

For staff use only

	Yes	No
Metal detector (wand) used If No, please explain why		
Checked wand is working before use		
Alarmed went off		

If yes, please detail

	Bra		Hip replacement
	Rivets		Knee replacement
	Buttons		Orthopaedic device
	Zip		Other (please detail)

Comments

Date	/ /	**Principal Investigator/Lab**			
Subject ID		**Scan ID/CBU No**		**MR No/Study**	