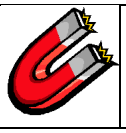
Western Centre for Functional and Metabolic Mapping

MAGNETIC RESONANCE ENVIRONMENT SCREENING FORM



This MR system has a very strong static field 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.

1. Have you had prior surgery or an operation (eg. athroscopy, endoscopy, etc) of any kind? ☐Yes ☐No
   If yes, please provide Date:_____ Type of Surgery: _____
2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)? ☐Yes ☐No
   If yes, please describe: _____
3. Have you ever been injured by a metallic object (e.g. BB, bullet, shrapnel, welding accident, etc.)? ☐Yes ☐No
   If yes, please describe: _____
4. Are you pregnant or suspect that you are pregnant? ☐Yes ☐No
5. Have you had a previous contrast agent reaction? ☐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 of the following implants, devices or objects.

IMPORTANT: Remove all metallic objects before entering the MR environment or magnet room. Loose metallic objects are especially prohibited.

Please indicate if you have the following:

☐Yes ☐No Aneurysm clip(s)
☐Yes ☐No Cardiac pacemaker, pacemaker wires, or stents
☐Yes ☐No Implanted cardioverter defibrillator (ICD)
☐Yes ☐No Electronic or magnetically-activated implant or device (electrodes, wires, metallic filter or coil)
☐Yes ☐No Neurostimulation system, spinal cord stimulator
☐Yes ☐No Implanted or transcutaneous bio-stimulator(spinal cord, bone growth/bone fusion, tens unit, etc.)
☐Yes ☐No Insulin or other infusion pump
☐Yes ☐No Implanted drug infusion device
☐Yes ☐No Any type of prosthesis (heart valve, eyelid spring/wire, penile, limb, etc.)
☐Yes ☐No Shunt (spinal or intraventricular)
☐Yes ☐No Vascular access point and/or catheter
☐Yes ☐No Radiation seeds or implants
☐Yes ☐No Swan/Ganz or thermodilution catheter
☐Yes ☐No Medication patch (ie. nicotine, nitroglycerine)
☐Yes ☐No Wire mesh implant
☐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 Tissue expander (e.g. breast)
☐Yes ☐No IUD, diaphragm, or pessary
☐Yes ☐No Tattoo or permanent cosmetics
☐Yes ☐No Body piercing jewelry

☐Yes ☐No Dentures or partial plates (remove)
☐Yes ☐No Hearing aid (remove)
☐Yes ☐No Metal object (ie keys, coins–must remove)
☐Yes ☐No Other implant(s) _____

☐Yes ☐No Breathing problem or motion disorder
☐Yes ☐No Do you have claustrophobia?

Internal Use Only

Field Strength: 3T ☐ 7T ☐
MRI Technologist Comments:

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.

MRI Research Participant: _____ _____ Date: _____
Print Name Signature

MRI Technologist: _____ _____ Date: _____
Print Name Signature

Version 04/04/2017`