

Date: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_ COUHES # \_\_\_\_\_  
Please indicate: Hippocamp/3T1 or Athena/3T2

**Athinoula A. Martinos Imaging Center**  
**Subject / Volunteer MRI Screening Form**  
(This form is to be used for imaging only)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**Please indicate if you have any of the following  
(if yes, please explain on back of this form):**

Yes No Do you have a history of traumatic head injury or any brain surgery  
Yes No Do you have a Cardiac Pacemaker or Implanted Cardiac Defibrillator (ICD)  
Yes No Do you have Cardiac Electrodes, Prosthetic heart valve, or Pacing Wires  
Yes No Do you have an Aneurysm Clip(s)  
Yes No Do you have a Cochlear, Otologic, or other Ear Implant  
Yes No Do you have a Neurostimulator or any Electronic Implant or Device  
Yes No Do you have an Eye Prosthesis (i.e. eyelid spring, wire, implant)  
Yes No Do you use an Infusion Pump (i.e. drug infusion device)  
Yes No Have you worked with metal OR have/had metal fragments in your eyes  
Yes No Do you have any Metallic Fragment or Foreign Body  
Yes No Do you have a Joint Replacement, Bone/Joint pin, Screw, Nail, Wire,  
Plate, Harrington Rod, IVC Filter, or Other Implanted Metal Device  
Yes No Do you have an Intrauterine Device (IUD)  
Yes No Are you Pregnant  
Yes No Do you have Nicotine Patch (or other foil backed patch)  
Yes No Do you have Tattoos, Permanent Makeup, and/or Mascara  
Yes No Do you have Body Piercings (if yes, must be removed)  
Yes No Do you have Dental Implants / Braces  
Yes No Do you have Dentures (if yes, must be removed)  
Yes No Do you have Hearing Aids (if yes, must be removed)  
Yes No Do you have Hair extensions or any hair clips (if yes, must be removed)

All subjects **MUST** wear either ear plugs or headphones during any study

IMPORTANT INSTRUCTIONS
Before entering the MR environment or MR system room, you must remove <b>ALL</b> metallic objects including hearing aids, dentures, keys, beepers, cell phones, eyeglasses, hair pins, barrettes, jewelry, body piercings jewelry, watch, safety pins, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, clothing with metal fasteners, and clothing with metallic threads.

I have offered a copy of the informed consent document(s) for this study \_\_\_\_\_  
(initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_