



MRI Screening form for subjects

Name: Date of birth: Weight (est.): Address: Postal code: City: Phone number: E-mail:	SC Number: Study: Researcher: May we contact you again in the future for other research? Yes / No
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Are you at this time using psychopharmaceuticals? yes / no
Are you colour-blind? yes / no
Are you wearing glasses or contact lenses? yes / no
If so, what depth prescription and cylinder? Left = Right =
Dominant hand left / right / both

Do you have or wear:

- a pacemaker or (old) pacemaker wires? yes / no
- a drug pump (e.g. insulin pump)? yes / no
- a neuro-stimulator? yes / no
- external prostheses (e.g. artificial limb)? yes / no
- one or multiple piercings? yes / no
- tattoos or permanent mascara? yes / no
- dental constructions (braces, retainers etc...)? yes / no
- transdermal patches (nicotine, hormone patch etc...)? yes / no
- a IUD? yes / no
- Dentures (false teeth)? yes / no

Have you ever had surgery on:

- the head (e.g. vascular clips or pumps)? yes / no
- the heart (e.g. artificial valves)? yes / no
- the eyes (e.g. implanted lenses)? yes / no
- the ears (e.g. stapes prosthesis or cochlear implants)? yes / no
- the bones (in which shunts or screws have been used)? yes / no
- otherwise? yes / no

If so, please specify

Have you ever had a stent or (coronary) angioplasty? yes / no

Are/were you a metalworker? yes / no

Is there a chance of metal splinters in the eyes? yes / no

Is there a chance of metal fragments in the body (e.g. after an explosion)? yes / no

Have you ever suffered:

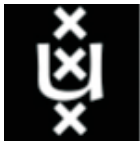
- Claustrophobia (e.g. are you anxious in elevators)? yes / no
- Shortness of breath (when lying down)? yes / no

Could you be pregnant? yes / no

I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge

Signature

Date



There is a small chance that we find an abnormality in your brain during an MRI experiment. This is known as an 'incidental finding'. Often, these are small deviations or normal variances, but in certain cases this could be a severe abnormality (such as a brain tumour). If this is the case, the information will be looked at by a radiologist and if confirmed and possible to treat, sent to your general practitioner. In order to participate in an MRI experiment, it is mandatory to agree with this procedure beforehand by providing the name and location of your general practitioner. If you do not agree to this procedure, you cannot participate in the MRI experiment. We would like to remind you that the researcher or scan-assistant is not trained to detect all forms of possible brain abnormalities and that it is also impossible to detect all of these in the scans we acquire of your brain.

I consent to sending the information to my general practitioner in case of possible brain abnormalities

Name of my general practitioner:

City:

Name subject

Signature

Date