PENNSTATE

SOCIAL, LIFE, & ENGINEERING SCIENCES IMAGING CENTER (SLEIC)
3T MRI SAFETY SCREENING FORM

version 6/25/13

This information is strictly confidential. Please print legibly.
It is important that you complete this form carefully and completely. Please consult the MRI Technologist if you have any question or concern BEFORE you enter the MR system room.

Today's Date _____/_____/_____ (mm/dd/yyyy) Name_____ ☐ Male ☐ Female

If being scanned, answer the following:

Age _____ Height _____ Weight _____ Body Part to be scanned_____

Date of Birth _____/_____/_____ (mm/dd/yyyy)

Address _____ Telephone (home) (_____) _____-_____

City_____ Telephone (cell) (_____) _____-_____

State_____ Zip Code_____

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1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes
   If yes, please indicate the date and type of surgery:
   Date _____/_____/_____ Type of surgery _____
   Date _____/_____/_____ Type of surgery _____
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   Date _____/_____/_____ Type of surgery _____
   Date _____/_____/_____ Type of surgery _____
   Date _____/_____/_____ Type of surgery _____
2. Have you experienced any problem related to a previous MRI examination or MR procedure? ☐ No ☐ Yes
   If yes, please describe: _____
3. Have you had an injury to the eye involving a metallic object or fragment
   (e.g., metallic slivers, shavings, foreign body, etc.)? ☐ No ☐ Yes
   If yes, please describe: _____
4. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ☐ No ☐ Yes
   If yes, please describe: _____

For Females:

5. Are you pregnant or experiencing a late menstrual period? ☐ No ☐ Yes

IMPORTANT INSTRUCTIONS:
Before entering the MR environment or MR system room, you must remove <u>all</u> metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, tools, clothing with metal fasteners, & clothing with metallic threads.

NOTE:
You will be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). DO NOT ENTER the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- ☐ Yes ☐ No Aneurysm clip(s)
- ☐ Yes ☐ No Cardiac pacemaker
- ☐ Yes ☐ No Implanted cardioverter defibrillator (ICD)
- ☐ Yes ☐ No Electronic implant or device
- ☐ Yes ☐ No Magnetically-activated implant or device
- ☐ Yes ☐ No Neurostimulation system
- ☐ Yes ☐ No Spinal cord stimulator
- ☐ Yes ☐ No Internal electrodes or wires
- ☐ Yes ☐ No Bone growth/bone fusion stimulator
- ☐ Yes ☐ No Cochlear, otologic, or other ear implant
- ☐ Yes ☐ No Insulin or other infusion pump
- ☐ Yes ☐ No Implanted drug infusion device
- ☐ Yes ☐ No Any type of prosthesis (eye, penile, etc.)
- ☐ Yes ☐ No Heart valve prosthesis
- ☐ Yes ☐ No Eyelid spring or wire
- ☐ Yes ☐ No Artificial or prosthetic limb
- ☐ Yes ☐ No Metallic stent, filter, or coil
- ☐ Yes ☐ No Shunt (spinal or intraventricular)
- ☐ Yes ☐ No Vascular access port and/or catheter
- ☐ Yes ☐ No Radiation seeds or implants
- ☐ Yes ☐ No Swan-Ganz or thermodilution catheter
- ☐ Yes ☐ No Medication patch (Nicotine, Nitroglycerine)
- ☐ Yes ☐ No Any metallic fragment or foreign body
- ☐ Yes ☐ No Wire mesh implant
- ☐ Yes ☐ No Tissue expander (e.g., breast)
- ☐ 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 IUD, diaphragm, or pessary
- ☐ Yes ☐ No Dentures or partial plates
- ☐ Yes ☐ No Tattoo or permanent makeup
- ☐ Yes ☐ No Body piercing jewelry
- ☐ Yes ☐ No Hearing aid
- ☐ Yes ☐ No Other implant or device_____
- ☐ Yes ☐ No Breathing problem or motion disorder
- ☐ Yes ☐ No Claustrophobia
- ☐ Yes ☐ No Wig or hair extensions

If you checked YES to any implant or metal inside or on your body, where is the item located?

Location of any implant/metal: _____

_____

I confirm that the above information is correct to the best of my knowledge. I read and understood the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____ Date _____/_____/_____

Printed Name: _____ Form Completed By: ☐ Participant ☐ Parent/Guardian/POA

SLEIC INTERNAL USE ONLY

The MRI Technologist has reviewed this form and followed up with the participant regarding any questions where indicated. The information is deemed current at the time of the scan.

☐ Yes ☐ No Participant indicated information that led to checking the status on MRIsafety.com.
MRI Safety Officer contacted if necessary.
Comments:

☐ Yes ☐ No It is considered safe for this individual to (Check purpose for screening)
☐ enter the MR system room
☐ enter the MRI scanner

MRI Technologist Signature: _____ Printed Name: _____ Date _____/_____/_____

SLEIC Project ID (e.g., ase1_pilt):_____ Subject ID (e.g., 0001):_____

12-digit DICOM ID (e.g., 201207250900):_____

IRB#:_____

Hours Type: _____ ☐ Billable_____hr_____min ☐ In-Kind_____hr_____min