

### 3.0 T MRI PRE-ENTRY SCREENING FORM

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This form to be used for: Screening of research subjects immediately prior to MRI study (Completed form filed at CFMRI)  
Screening of assistants who enter the MRI suite – e.g. nurse, parent (Completed form filed at CFMRI)

*Instructions for completing this form, and duplicate forms available from <http://cfmri.ucsd.edu/forms.html>*

Principal investigator / Lab \_\_\_\_\_ Subject Number \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

IRB protocol # \_\_\_\_\_ Date of MRI study \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of MRI study \_\_\_\_\_



**Some of the following items may be hazardous to your safety or may interfere with the MRI exam. Please check the correct answer for each of the following. If you checked yes, please give more information. E.g. Type of material? How long ago? Use the diagram to indicate where on your body?**

- 1.  Yes  No Do you have a heart pacemaker?
- 2.  Yes  No Is there a possibility of metal in your head? (e.g., aneurysm clips, do not include dental work)
- 3.  Yes  No Is there a possibility of metal in your eyes or have you ever needed an eyewash having worked with metals?
- 4.  Yes  No Do you have an implanted medical device? (cochlear implant, metal ear tubes, tens unit, bone stimulator, insulin or other medication pump, automatic defibrillator, internal pacing wires).
- 5.  Yes  No Is there any possibility that you may be pregnant?
- 6.  Yes  No Have you had any metallic dental implants (posts, crowns) within the last 6 weeks?
- 7.  Yes  No Have you had any bone, tendon, spine, or joint surgery within the last 6 weeks?
- 8.  Yes  No *[Research subjects only:]* Do you weigh more than 300 lbs (135 kg)?

- 9.  Yes  No Do you suffer with claustrophobia?
- 10.  Yes  No Do you have any medical problems when you lie flat on your back? (breathing problems, back pain, nausea)
- 11.  Yes  No Do you have an IUD that may contain copper, or a contraceptive diaphragm?
- 12.  Yes  No Have you had any stents, clips, or surgery to any of any of your vessels (carotid artery vascular clamp, coronary stent, aortic clips, IVC filter, coils for blocked arteries)
- 13.  Yes  No Do you have metal anywhere else in your body? (spinal rods, dental work, piercings, shrapnel, buckshot, bullets) – please indicate where on your body using the diagram below
- 14.  Yes  No Do you have any piercings that can't be removed?
- 15.  Yes  No Do you have a cerebrospinal fluid (CSF) shunt? (treatment for hydrocephalus or water on the brain)
- 16.  Yes  No Do you have tattooed eyeliner, tattooed eyebrows or Bigen hair dye?
- 17.  Yes  No Have you had any previous surgery? (give details, and indicate where on your body using the diagram below)  
Details: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Details: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 18.  Yes  No Have you had any medical condition that has prevented you from completing an MRI exam in the past?
- 19.  Yes  No *[If medications or other substances are administered:]* Do you suffer with asthma or allergies to any medication?
- 20.  Yes  No Do you have a transdermal medicated patch? (nicotine patch, contraceptive patch, medicated pain relief patch)
- 21.  Yes  No Do you wear a hearing aid or dentures?
- 22.  Yes  No Are you wearing athletic clothing or compression garments with “silver-technology” or marketed as antimicrobial (e.g., Lululemon, Athleta, Columbia “Omniheat”, Under Armour, Tommy Copper, Juzo USA)?
- 23.  Yes  No Are you wearing magnetic eyeliner, mascara, or false eyelashes?

Actions taken: \_\_\_\_\_

If any responses above are checked "yes", detail here the actions taken before scanning subject.

I certify that I have screened this subject, and there are no contraindications to entering the MRI scanner room. This form is valid only on the day it is completed.

\_\_\_\_\_  
Signature of MRI scanner operator

\_\_\_\_\_  
Printed name of MRI scanner operator

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

