

<h2 style="margin: 0;">3.0 T MRI OPERATOR CHECKLIST</h2>	UCSD Center for fMRI, 9500 Gilman Drive, La Jolla, CA 92093-0677 Tel: (858) 822-0513 Fax: (858) 822-0608
This form to be used for: Last minute checks by MRI scanner operator immediately before subject enters the scan room <i>Instructions for completing this form, and duplicate forms available from http://cfmri.ucsd.edu/forms.html</i>	

Principal investigator / Lab _____ Subject Number _____ Height _____ Weight _____

IRB protocol # _____ Date of MRI study ____ / ____ / ____ Time of MRI study _____

Operator _____



Certify that there are no absolute contraindications to MRI.....

- | | | |
|----|--|---|
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a heart pacemaker? |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a possibility of metal in your head? (e.g. aneurysm clips, do not include dental work) |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a possibility of metal in your eyes or have you ever needed an eyewash having worked with metals? |
| 4. | <input type="checkbox"/> Yes <input type="checkbox"/> 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you had any metallic dental implants (posts, crowns) within the last 6 weeks? |
| 6. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you had any bone, tendon, spine or joint surgery within the last 6 weeks? |
| 7. | <input type="checkbox"/> Yes <input type="checkbox"/> No | [Research subjects only:] Do you weigh more than 300 lbs (135 kg)? |

***** If any of the above are checked "yes, the subject CAN NOT enter the scanner *****



Last-minute checks.....

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No All pockets are empty | <input type="checkbox"/> Yes <input type="checkbox"/> No Credit cards |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Keys / coins | <input type="checkbox"/> Yes <input type="checkbox"/> No Pens |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Use Restroom | <input type="checkbox"/> Yes <input type="checkbox"/> No Belt |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Hair pins / barrettes | <input type="checkbox"/> Yes <input type="checkbox"/> No Metal Buttons |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Watch / Jewelry | <input type="checkbox"/> Yes <input type="checkbox"/> No Clothing with metal (underwire bra) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Safety pins | <input type="checkbox"/> Yes <input type="checkbox"/> No Shoes with metal shank / toecap |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Paper clips | <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing aid |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Glasses | <input type="checkbox"/> Yes <input type="checkbox"/> No Removable dentures |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Piercings | <input type="checkbox"/> Yes <input type="checkbox"/> No Nicotine or other patch |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Wigs / extensions | <input type="checkbox"/> Yes <input type="checkbox"/> No Implant held in place by a magnet |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Anti-microbial athletic clothing | <input type="checkbox"/> Yes <input type="checkbox"/> No Magnetic eyelashes / magnetic makeup |



Use the metal detector



Ear plugs in place and working