PARTICIPANT RESEARCH 3.0T MRI SAFETY SCREENING FORM

Rotman Research Institute
Baycrest Health Sciences
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Phone: (416) 785-2500 Ext. 3320, Fax: (416) 785-4299

Participant ID# _____

MRI Project Study # _____

Date _____ YYYY/MMM/DD

Height _____ ft/inches cm Weight _____ lbs kg

Name _____ _____
Last Name First Name

Telephone# _____ _____ Birth Date _____ YYYY/MMM/DD

1. Have you ever worked as a machinist, metalworker, or in any profession or hobby grinding metal? ❑ Yes ❑ No
2. Have you ever had an injury to the eye involving a metallic object (e.g. metallic slivers, shavings, or foreign body)? ❑ Yes ❑ No
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, Buckshot, shrapnel, etc.)? ❑ Yes ❑ No
4. Are you pregnant, experiencing a late menstrual period, or having fertility treatments? Post Menopausal? ❑ Yes ❑ No
5. Are you taking oral contraceptives or receiving hormonal treatment? ❑ Yes ❑ No
6. Are you currently taking or have recently taken any medication? ❑ Yes ❑ No Please List:_____
7. Do you have drug allergies or have you had an allergic reaction? ❑ Yes ❑ No Please List:_____

Some of the following items may be hazardous to your safety and some can interfere with the MRI examination. Please check the correct answer if you have any of the following:

❑ Yes	❑ No	Cardiac pacemaker	❑ Yes	❑ No	IUD, diaphragm, pessary or bladder ring
❑ Yes	❑ No	Aneurysm clip or brain clip	❑ Yes	❑ No	Electrodes (on body, head, or brain)
❑ Yes	❑ No	Cochlear, otologic, or ear implant	❑ Yes	❑ No	Metal or wire mesh implants (***Retainers/Braces)***
❑ Yes	❑ No	Implanted cardioverter defibrillator (ICD)	❑ Yes	❑ No	Wire sutures or surgical staples, clips
❑ Yes	❑ No	Neurostimulation System	❑ Yes	❑ No	Harrington rods (spine) / metal rods in bones
❑ Yes	❑ No	Insulin / infusion pump / Cont. Glucose Sensor	❑ Yes	❑ No	Joint replacements (Knee, Hip etc.)
❑ Yes	❑ No	Implanted drug infusion device	❑ Yes	❑ No	Bone/joint pin, screw, nail, wire, plate
❑ Yes	❑ No	Bone growth / bone fusion or spinal stimulator	❑ Yes	❑ No	Wig, toupee, or hair implants
❑ Yes	❑ No	Carotid artery vascular clamp	❑ Yes	❑ No	Metal fragments (eye, head, ear, skin)
❑ Yes	❑ No	Tissue expander (breast)	❑ Yes	❑ No	Asthma or breathing disorders
❑ Yes	❑ No	Prosthesis (eye/orbital spring or wire, penile, etc.)	❑ Yes	❑ No	Seizures or motion disorders
❑ Yes	❑ No	Magnetically- activated implant or device	❑ Yes	❑ No	Claustrophobia
❑ Yes	❑ No	Heart valve prosthesis	❑ Yes	❑ No	Tattoos, permanent makeup
❑ Yes	❑ No	Artificial or prosthetic limb	❑ Yes	❑ No	*Coloured* Contact Lenses**(remove before scan)**
❑ Yes	❑ No	Venous umbrella	❑ Yes	❑ No	Body piercing(s) (***remove before scan***)
❑ Yes	❑ No	Internal electrodes or wires (pacing wires)	❑ Yes	❑ No	Hearing aid (***remove before scan***)
❑ Yes	❑ No	Intravascular stents, filters, or coils	❑ Yes	❑ No	Dentures /partial plates (***remove before scan***)
❑ Yes	❑ No	Shunt (spinal or intraventricular)	❑ Yes	❑ No	Medication patch (***remove before scan***)
❑ Yes	❑ No	Vascular access port and or catheters	❑ Yes	❑ No	Previous MRI Exam_____
❑ Yes	❑ No	Swan-Ganz or thermodilution catheter	❑ Yes	❑ No	Other implants (radiation seeds) or Surgeries
❑ Yes	❑ No	Aortic clips		Please List	_____
❑ Yes	❑ No	Facelift or other cosmetic surgery on body			_____

Please remove **all metallic objects** prior to your MR examination including: keys, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, coins, pens, belt, pocket knife, cell phone, partial plates, dentures, *clothing with metallic threads i.e. athletic / antimicrobial / antibacterial / moisture-wicking fabric (polyester, nylon)* etc.

You will be required to change clothing for your MRI examination. Non metallic, cotton attire will be provided. Earplugs and/or headphones are required during the MRI examination to prevent possible problems or hazards related to acoustic noise.

I attest that the above information is correct to the best of my knowledge. I have read and I understand the contents of this form. I was given the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo.

Signature of Person Completing Form _____ Date _____ YYYY/MMM/DD

Form Completed By ❑ Participant ❑ Relative _____ _____
Print Name Relationship to Participant

Form Information Reviewed By _____ _____
Print Name Signature

❑ MR Technologist _____ ❑ Level II Operator _____