

# CMRR Research Participant Safety Screening Form

(For research participants and anyone accompanying them into the magnet room)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in.    Weight: \_\_\_\_\_ lbs.

You, the research participant, have agreed to participate in a Magnetic Resonance Imaging (MRI) scan. This scan uses a strong magnetic field. You will be asked to change into facility provided scrubs/gown and may be asked to remove undergarments that contain metal (underwire bras, etc.) or those that contain metal fibers (anti-odor, etc.) before having an MRI at this facility.

For your safety, we are required to know about any metal on or implanted in your body by surgery or accident.

Please indicate "yes" or "no" for each item listed and provide additional information when applicable.

<b>Section 1:</b> Items of interest		
	No	Yes
1. Do you have claustrophobia? (afraid of closed tight spaces)		
2. Do you have <i>Diabetes, Hypertension or Hypotension</i> ?		
3. Are you wearing magnetic cosmetics (eyelashes, nail polish, makeup, etc.)? ( <i>must be removed</i> )		
4. Do you currently have a fever?		
5. Are you wearing a medication patch? ( <i>must be removed under direction of physician</i> )		
6. Are you wearing any clothing that is known to be anti-odor, anti-microbial, or anti-bacterial?		
7. Are you wearing hearing aids? ( <i>must be removed</i> )		
8. Are you wearing <i>colored</i> contacts? ( <i>must be removed</i> )		
9. Are you wearing a wig, toupee, hairpins, clips, or metallic accessories? ( <i>must be removed</i> )		
10. Are you wearing glittery hair gel or nail polish? ( <i>may need to be removed</i> )		
11. Are you wearing undergarments that contain metal (underwire bra, etc.)?		
12. Have you had any previous surgeries? (please describe below)		

<b>Section 2:</b> Signature required of one of the following: Anyone listed on the study specific IRB protocol, CMRR MR professional, or MR technologist		
	No	Yes
13. Do you have braces, permanent wire retainer, or removable dental items (retainer, bridge, dentures, etc.)?		
14. Do you currently have any natural or synthetic hair extensions?		
15. Do you have any tattoos or permanent make-up, such as eyeliner or micro-blading?		
If yes, where: _____		

<b>Section 3:</b> CMRR MR Professional Signature Required		
	No	Yes
16. Do you have any non-removable body piercings or jewelry?		
If yes, where: _____		
17. Have you ever been employed as a metalworker? (Grinder, welder, etc.)		
18. Do you engage in activities/hobbies that involve working with metal?		
19. Have you ever had metal fragments in your eyes – even if they have been removed?		

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<b>Section 3 continued: CMRR MR Professional Signature Required</b>					
	<b>No</b>	<b>Yes</b>			
20. Do you have any reason to believe that you are or could be pregnant?					
21. Do you currently have any contraception device(s) placed in your body? If yes, name of device: _____ (Note: The following types of contraception do not require MR professional sign-off: Mirena, Skyla, Kyleena, Liletta, NuvaRing, or NEXPLANON; except for scans at 10.5T)					
<b><i>These devices may be hazardous to your health in the presence of a magnetic fields:</i></b>					
	<b>No</b>	<b>Yes</b>		<b>No</b>	<b>Yes</b>
Cardiac pacemaker, implanted cardiac defibrillator			Bone/joint pin, screw, nail, wire, or plate		
Metal or wire mesh implants			Artificial limb or joint replacement		
Aortic or aneurysm clip			Cochlear, otologic, or ear implant		
Internal pacing wires			Intravascular stents, filters, or coils		
Swans-Ganz catheter			Vascular access port and/or catheter		
Heart valve prosthesis			Shunt (spinal or intraventricular)		
Neurostimulator or DBS device			Any type of prosthesis		
Metal rods in bone			Electrodes (body, head, or brain)		
Harrington Rods (spine)			Carotid artery vascular clamp		
Bone growth/fusion stimulator			Wire sutures, staples, or suture anchors		
Shrapnel/gunshot wound or BB pellets			Any implant held in place by magnet		
Insulin pump or infusion device			Any metal fragments in your body		
Dental implants			Dental implants held in by magnet		
Any other implants in your body not listed on this form?					
If yes, describe: _____					

**You are REQUIRED to wear earplugs and/or earphones during the MRI scans.**

You attest that the above information is correct to the best of your knowledge. You have read and understood the contents of this document and have had a chance to ask questions.

\_\_\_\_\_  
Signature of Participant or Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Representative's Relationship to Participant

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

**Signature or pre-approval documentation REQUIRED for affirmative responses given in section 2 or 3**

Signature of Approver: \_\_\_\_\_ Printed Name: \_\_\_\_\_