CMRR Console Room Screening Form

(Anyone accompanying a research subject into the magnet console room)

The following items may be hazardous to your safety while entering the magnet console room. Please indicate if you have/had any of the following:

o Yes o No Cardiac pacemaker
o Yes o No Implanted cardiac defibrillator
o Yes o No Carotid artery vascular clamp
o Yes o No Intravascular stents, filters, or coils
o Yes o No Aortic clip

o Yes o No Internal pacing wires
o Yes o No Vascular access port and/or catheter
o Yes o No Swan-Ganz catheter
o Yes o No Shunt (spinal or intraventricular)
o Yes o No Aneurysm clip(s)

o Yes o No Neurostimulator
o Yes o No Electrodes (on body, head, or brain)
o Yes o No Heart valve prosthesis
o Yes o No Any type of prosthesis (eye, penile, etc.)
o Yes o No Artificial limb or joint replacement

o Yes o No Insulin pump or infusion device
o Yes o No Any implant held in place by a magnet
o Yes o No Cochlear, otologic, or ear implant
o Yes o No Are you or do you suspect you may be pregnant

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information.

_____ _____ Date:___/___/_____
Name Signature

_____
Relationship to Research Participant

_____ _____ Date:___/___/_____
Investigator Investigators Signature