BROWN UNIVERSITY MRF MAGNETIC RESONANCE (MR) PROCEDURE SCREENING
FORM FOR RESEARCH SUBJECTS

Date _____/_____/______ Subject Number ______________________
Name ______________________________________________ Age ________ Height ________ Weight ________
Last name First name Middle Initial
Date of Birth _____/_____/______ Male ☐ Female ☐
month day year
Address _____________________________________________ Telephone (home) (_____ ) _____-_____
City _____________________________________________
State ____________________ Zip Code ___________

1. Have you ever had surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes
   If yes, please indicate date and type of surgery:
   Date _____/_____/______ Type of surgery __________________________________________________________

2. Have you had a prior diagnostic imaging study or examination with MRI? ☐ No ☐ Yes
   If yes, please list:
   Body part __________________________ Date _____/_____/______ Facility __________________________
   __________________________ Date _____/_____/______ __________________________

3. Have you experienced any problem related to a previous MRI examination or MR procedure? ☐ No ☐ Yes
   If yes, please describe: _________________________________________________________________

4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? ☐ No ☐ Yes
   If yes, please describe: _________________________________________________________________

5. Have you ever done any welding, grinding or cutting of metal in your lifetime? ☐ No ☐ Yes

6. Did you wear safety protection for your eyes? ☐ No ☐ Yes

7. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ☐ No ☐ Yes
   If yes, please describe: _________________________________________________________________

For Female Volunteers:

8. Are you currently pregnant or is there any possibility that you may be pregnant (e.g., late menstrual period)? ☐ No ☐ Yes

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Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, MR spectroscopy, functional MRI, etc.). If you have any question regarding an implant, device, or object, please discuss this with the MRI Technologist or Radiologist BEFORE entering the MR environment or MR system room.

Please indicate if you have any of the following:

☒ Yes ☐ No Electronic implant or device
☒ Yes ☐ No Magnetically-activated implant or device
☒ Yes ☐ No Cardiac pacemaker
☒ Yes ☐ No Implanted cardioverter defibrillator (ICD)
☒ Yes ☐ No Aneurysm clip(s)
☒ Yes ☐ No Neurostimulation system
☒ Yes ☐ No Spinal cord stimulator
☒ Yes ☐ No Internal electrodes or wires
☒ Yes ☐ No Bone growth/bone fusion stimulator
☒ Yes ☐ No Cochlear, otologic, or other ear implant
☒ Yes ☐ No Insulin or infusion pump
☒ Yes ☐ No Implanted drug infusion device
☒ Yes ☐ No Any type of prosthesis (eye, penile, etc.)
☒ Yes ☐ No Heart valve prosthesis
☒ Yes ☐ No Eyelid spring or wire
☒ Yes ☐ No Artificial or prosthetic limb
☒ Yes ☐ No Metallic stent, filter, or coil
☒ Yes ☐ No Shunt (spinal or intraventricular)
☒ Yes ☐ No Vascular access port and/or catheter
☒ Yes ☐ No Radiation seeds or implants
☒ Yes ☐ No Swan-Ganz or triple lumen catheter
☒ Yes ☐ No Medication patch (Nicotine,Nitroglycerine)
☒ Yes ☐ No Any metallic fragment or foreign body
☒ Yes ☐ No Wire mesh implant
☒ Yes ☐ No Tissue expander (e.g., breast)
☒ Yes ☐ No Surgical staples, clips, or metallic sutures
☒ Yes ☐ No Joint replacement (hip, knee, etc.)
☒ Yes ☐ No Bone/joint pin, screw, nail, wire, plate, etc.
☒ Yes ☐ No IUD or diaphragm
☒ Yes ☐ No Dentures or partial plates
☒ Yes ☐ No Tattoo or permanent makeup
☒ Yes ☐ No Body piercing jewelry
☒ Yes ☐ No Breathing disorder
☒ Yes ☐ No Motion disorder or tremors
☒ Yes ☐ No Claustrophobia
☒ Yes ☐ No Hearing aid

(☐ Yes ☐ No) Other ________________________________

(☐ Remove before entering MR system room)

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.

IMPORTANT INSTRUCTIONS
Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry including body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads in the material.

Please see the MRI Technologist if you have any question or concern BEFORE you enter the MR system room.

NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure 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 understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form ___________________________________________ Date _____/_____/_____  

Form Completed By ☐ Volunteer ☐ Relative ___________________________________________ Print name Relationship to volunteer

Form Information Reviewed By ___________________________________________ Print name Signature

☐ MRF Staff ☐ Level 2 or 3 Researcher ☐ Other ________________________________

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