

## Appendix B

**MRI SAFETY SCREENING QUESTIONNAIRE FORM**

Visit Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Subject ID: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Female / Male Age: \_\_\_\_ Height : \_\_\_\_ cm Weight: \_\_\_\_ kg

Please indicate if you have any of the following:

No	Yes	Aneurysm clip(s)	No	Yes	Any type of prosthesis (eye, penile, etc.)	No	Yes	Tissue expander (scalp, breasts, etc.)
No	Yes	Cardiac pacemaker	No	Yes	Artificial/Prosthetic heart valve	No	Yes	Surgical staples, clips or metallic sutures
No	Yes	Implanted cardioverter defibrillator (ICD)	No	Yes	Eyelid spring or wire	No	Yes	Bone/joint pin, screw, nail, wire, plate, replacement (hip, knee, etc.)
No	Yes	Electronic implant or device	No	Yes	Artificial/Prosthetic limb	No	Yes	Intrauterine Contraceptive Device (IUCD), diaphragm or pessary
No	Yes	Magnetically-activated implant or device	No	Yes	Metallic stent, filter or coil	No	Yes	Dentures, braces, bridge work, partial plates
No	Yes	Neurostimulation system	No	Yes	Shunt (spinal or intraventricular)	No	Yes	Tattoo or permanent makeup
No	Yes	Spinal cord stimulator	No	Yes	Vascular access port and/or catheter	No	Yes	Body piercing jewellery
No	Yes	Internal electrodes or wires	No	Yes	Radiation seeds or implants	No	Yes	Charm needles, susuk
No	Yes	Bone growth/bone fusion stimulator	No	Yes	Swan-ganz or thermolulution catheter	No	Yes	Hearing aid
No	Yes	Cochlear, otologic or other ear implant	No	Yes	Medication patch (Nicotine, Nitroglycerine)	No	Yes	Other implant _____
No	Yes	Insulin or other infusion pump	No	Yes	Metallic fragment or foreign body	No	Yes	Breathing problem or motion disorder
No	Yes	Implanted drug infusion device	No	Yes	Wire mesh implant	No	Yes	Claustrophobia

- Have you experienced any problem related to a previous MRI examination or MR procedure? No Yes  
If yes, please describe: \_\_\_\_\_
- 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: \_\_\_\_\_
- Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? No Yes  
If yes, please describe: \_\_\_\_\_
- Are you currently taking or have you recently taken any medication or drug? No Yes  
If yes, please list: \_\_\_\_\_
- Are you allergic to any medication? No Yes  
If yes, please list: \_\_\_\_\_
- Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? No Yes
- Do you have anaemia or any disease(s) that affects your blood, a history of renal (kidney) disease, renal (kidney) failure, renal (kidney) transplant, high blood pressure (hypertension) liver (hepatic) disease, a history of diabetes, or seizures? No Yes  
If yes, please describe: \_\_\_\_\_

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8. Have you been through MRI/MEG in CONIC before?

If yes, please provide previous Subject ID: \_\_\_\_\_

No

Yes

9. Handedness: *Right* *Left* *Mixed-handedness* (Please circle it)

10. *For Females:*

Are you pregnant? Date of last menstrual period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

No

Yes

If you answered YES to any of the questions on the columns, please discuss any concerns and/or issues you may have with your MR Radiographer, MR Assistant and Physicist.



**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on

**Instructions for the Subject/Guardian**

We will provide a locker so ALL items you remove may be stored and locked safely during your scan.

1. Remove ALL jewellery and ALL body piercing jewellery and ALL hair accessories.
2. Remove dentures, false teeth, partial dental plates, retainers, hearing aids and eyeglasses.
3. Remove ALL clothing and change into a research gown.
4. Lock your clothes and valuables in the locker provided.
5. Please use the restroom before your MRI exam.
6. Please make sure that you receive a pair of earplugs and/or the headphones before your MRI exam begins. Some subjects may find the noise levels unacceptable, and the noise levels may affect your hearing.

**Consent**

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

I have read the above information and am aware of the processes involved for an MRI examination. I have been provided with the opportunity to have any questions answered and thus give my consent to undergo the MRI scan. I confirm that the questions have been answered to the best of my knowledge, and all risks to me have been outlined. Further to my consent to undergo the scan and procedures: I will not hold CONIC responsible for injury or loss from the MRI scan and or the data produced.

\_\_\_\_\_  
Print Name and Signature of Subject/Parent/Guardian/Other

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Time (hh/mm)

\_\_\_\_\_  
Print Name and signature of MR Radiographer/MR Assistant/Physicist

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Time (hh/mm)