Protocol:	Exam Number:	Date:
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Duke-UNC Brain Imaging and Analysis Center: MRI Safety Screening

All individuals entering the MRI suite must fill out this information to the best of their knowledge. Any potential contraindications must be reviewed with the individual's medical record and the BIAC MR Safety Committee before being cleared to enter the scanner bore.

Part I: For all individuals entering the scanner room

Name	ast name			Birthdate
		First name	M.I.	City
State	Zip Code	Phone (H)()	(W)()	(C)()
(e.g. meta	llic slivers, shavings, f	o the eye involving a metallic objectoreign body)?		□ No □ Yes
2. Have y	ou ever worked with m	etal (grinding, fabricating, etc.)?		\square No \square Yes
3. Have y	ou ever had surgery (in			□ No □ Yes
4. Have y	ou had any previous M yes, please list (most r	RI studies or been in a MR scanner	r? Date	☐ No ☐ Yes Facility
☐ All c ☐ Wris ☐ Hair ☐ Pins	•	asteners	\square Shoes that cont	tain any metal (e.g., steel tipped) r other electronic devices ones, PDAs movable retainer
	Part II:	For all individuals en	ntering the sca	anner bore
1. Are ye	ou claustrophobic?			□ No □ Yes
2. Do you have an IUD or diaphragm containing metal?			□ No □ Yes	
3. Are you pregnant, experiencing late menstrual period, or undergoing fertility treatment?		nt?		
4. Do yo	ou currently have a feve	er or other acute illness?		□ No □ Yes
5. Please	e list any surgeries or o	her invasive medical procedures in	as much detail as po	ossible:

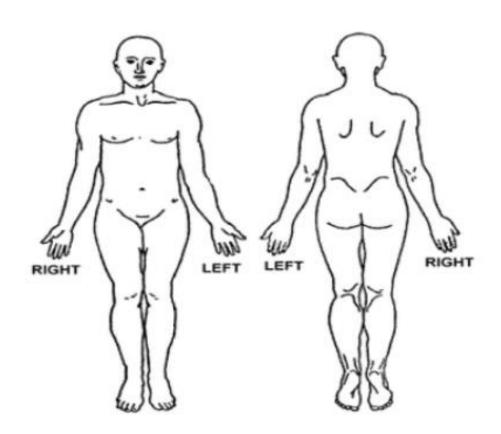
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	Protocol:	Exam Number:	Date:		
6. Are you currently taking	or have you recently taken	any medication?		□ No	□ Yes
If yes, please list				_	
7. Do you have anemia or a	any diseases that affect you	r blood?		□ No	□ Yes
If yes, please describe				_	
8. Do you have a history of stroke, seizures, brain tumor, head trauma, or other neurological disorder?			□ No	□ Yes	
If yes, please describe				_	
9. Do you wear glasses or o	contact lenses?			□ No	□ Yes
If yes, please specify presc	ription (if known)			_	
10. Do you have a breathin	g disorder (e.g., asthma, ap	onea), heart condition, or moveme	ent disorder?	□ No	□ Yes
Height	Weight	Hande	edness		



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). <u>Do not enter</u> the MR system room or MR environment if you have any questions or concerns regarding an implant, device, or on object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR magnet is ALWAYS on.

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



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Please indicate	if you have any of the following:	
□ Yes □ No	Aneurysm clip(s)	If needed, please use this space to describe in
□ Yes □ No	Cardiac pacemaker	detail any additional information related to
□ Yes □ No	Implanted cardioverter defibrillator (ICD)	potential metal fragments or implants in or on
□ Yes □ No	Electronic implant or device	your body:
□ Yes □ No	Magnetically-activated implant or device	
□ 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	- <u></u>
□ Yes □ No	Eyelid spring or wire	
□ Yes □ No	Artificial or prosthetic limb	△ IMPORTANT INSTRUCTIONS △
□ Yes □ No	Metallic stent, filter, or coil	ZZ IVII OKTANT INSTRUCTIONS ZZ
□ Yes □ No	Shunt (spinal or intraventricular)	Before entering the MR environment or MR
□ Yes □ No	Vascular access port and/or catheter	system room, you must remove all metallic
□ Yes □ No	Radiation seeds or implants	objects including hearing aids, dentures, partial plates, keys, cell phone, eyeglasses,
□ Yes □ No	Medication patch (Nicotine, Nitroglycerine)	beeper, hair pins, barrettes, jewelry, body
□ Yes □ No	Any metallic fragment or foreign body	piercing jewelry, watch, safety pins,
□ Yes □ No	Wire mesh implant	paperclips, money clip, credit cards, bank
□ Yes □ No	Tissue expander (i.e. breast)	cards, magnetic strip cards, coins, pens,
□ Yes □ No	Surgical staples, clips, or metallic sutures	pocket knife, nail clipper, tools, clothing,
□ Yes □ No	Joint replacement (hip, knee, etc.)	with metal fasteners, and clothing with metallic threads. You will be asked to wear
□ Yes □ No	Bone/joint pin, screw, nail, wire, plate, etc.	ear plugs to protect your hearing during the
□ Yes □ No	Dentures or partial plates	scan.
□ Yes □ No	Tattoo or permanent makeup	Diago consult the MDI Technologist on
□ Yes □ No	Body piercing or jewelry	Please consult the MRI Technologist or Radiologist if you have any question or
		room.
this form ar	Hearing aid (remove before entering MRI) Other implant the above information is correct to the best of my known had the opportunity to ask questions regarding the inhat I am about to undergo.	wledge. I read and understand the contents of
Signat		creening Subject/Patient Date
	Form Completed by: \Box Self \Box Parent/guardian \Box O	ther relative

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