

UMASS Advanced MRI Center

APPENDIX F: Screening Form

Department of Radiology
UMASS Medical School
55 Lake Avenue North
Worcester, MA 01655
Tel: 508-334-0409

PI's name: _____ IRB Docket #: _____

Subject name (Print): _____ Subject ID: _____

ATTENTION: MR PATIENTS AND ACCOMPANYING FAMILY MEMBERS

The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer all the following questions carefully.

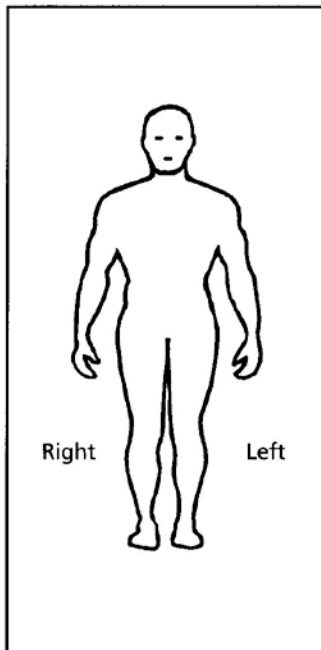
- Yes No Have you ever had an operation or surgical procedure of any kind? Please list all with dates:

- Yes No Have you ever been a machinist, welder, or metalworker?
- Yes No Have you ever been hit in the face or eye with a piece of metal (including metal shavings, slivers, bullets, or BBs)?
- Yes No Have you ever had a piece of metal removed from your eye?
- Yes No Are you pregnant, possibly pregnant, or breastfeeding?

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY?

- Yes No Pacemaker, wires, or defibrillator
 Yes No Brain/aneurysm clip
 Yes No Ear implant
 Yes No Eye implant
 Yes No Electrical stimulator for nerves or bone
 Yes No Bullets, BBs, or pellets
 Yes No Metal shrapnel or fragments
 Yes No Magnetic implant anywhere
 Yes No Infusion pump
 Yes No Coil, filter, or wire in blood vessel
 Yes No Artificial limb or joint
 Yes No Tattoo eyeliner
 Yes No Implanted catheter or tube (except Foley, IV Cath or PIC line)
 Yes No Artificial heart valve
 Yes No Penile prosthesis
 Yes No Shunt
 Yes No False teeth, retainers, or magnetic braces
 Yes No Surgical clips, staples, wires, mesh, or sutures
 Yes No Diaphragm or intrauterine device
 Yes No Orthopedic hardware (plates, screws, pins, rods, wires)
 Yes No Tissue expander
 Yes No Pessary

Please mark on this drawing the location of any metal inside your body



The following items may become damaged or cause injury to others in a strong magnetic field. THEY MUST NOT BE TAKEN INTO THE MR SCAN ROOM. Place an "x" by any item you have with you on the list below.

- Hearing Aid
 Glasses
 Watch
 Safety Pins
 Hairpins/barrettes
 Wigs/hair pieces
 Jewelry (rings, earrings, etc.)
 Wallet/money clip
 Purse/pocketbook
 Pens/pencils
 Keys
 Coins
 Pocket knife
 Credit or bank cards
 Artificial limb/prosthesis
 Dentures/partial plates/retainers
 Belt buckle
 Bra/girdle/sanitary belt
 Metal zippers/buttons

INFORMATION CONCERNING GADOLINIUM CONTRAST MATERIAL

As part of your examination, the MR radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headaches and nausea) occur in about 2% of patients, whereas serious or life-threatening reactions have been reported in about one in 400,000 patients.

Have you ever had a previous reaction to gadolinium contrast material? Yes No

Do you have a history of asthma or emphysema? Yes No

I attest that the answers I have provided to questions on this form are 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.

Signature (Patient or Guardian) _____ Date: _____

Witnessed by _____ Date: _____