

MRI / fMRI CHECKLIST

This is a mandatory screening for all persons who enter the scanning room.

Please make a check mark next to any of these items that you may have in your body.

First of all, can you think of any metal that you have in your body?

If yes, please explain _____

If no, please complete checklist to be sure.

	ITEM / DEVICE	YES	NO
1	Cardiac pacemaker		
2	Pacemaker wires		
3	Metal fragments in eyes/skin/body (shrapnel)		
4	Heart valve replacement		
5	By-pass surgery/coronary artery clips		
6	Aneurysm/ Aortic/ carotid clips		
7	Implanted Pump:		
8	Ventricular Peritoneal shunt:		
9	Eye surgery/eyes washed out because of metal:		
10	Hearing aids:		
11	Cochlear implants :		
12	Prosthesis (penile, breast, other):		
13	I.U.D. (birth control device):		
14	Metal plates/pins/screws/wires: If yes, when were they put in? What kind of metal are they?		
15	Dental braces/ spacers/retainers/bridges/dentures: If yes, are they removable?		
16	Electrodes		
17	Nicotine Patches		
18	Neuro/biostimulator units (tens units)		
19	Are you trying to become pregnant?		
20	Are you in the first trimester of pregnancy?		

21	Caval filter or stent		
22	Porta cath		
23	Meniere's Disease		
24	Are you now or have you ever been a metal worker or welder (even if only as a hobby)?		
25	Have you ever had a tattoo? If yes, where?		
26	Do you have any body piercings? If yes, can you remove them?		
27	Have you ever had panic attacks, anxiety attacks? If yes, explain:		
28	Are you claustrophobic (afraid of enclosed spaces)?		
29	Do you have neck or back problems?		
30	Can you lay on your back for up to 90 min.?		
31	Do you have sinus, coughing, allergy, or post-nasal drip problems? (How often do you have to sneeze, cough, etc.?)		
32	Height:		
33	Weight:		
34	Do you think you can fit in a 50 cm tube?		
35	Please list any surgeries that you have had and the dates:		
36	Please list any medications that you are currently taking (if not already listed on previous demo sheet):		
37	FOR FEMALE PARTICIPANTS: Do not wear an underwire bra or mascara when you come to the scanner.		

AT THE SCANNER:

Be sure that your female subjects are not wearing an underwire bra or mascara before putting them in. Have subjects empty their pockets, take off all jewelry (including piercings), belts, hair ties (most have metal), etc. Absolutely anything that is metal must be taken off.

NAME (Print): _____ SIGNATURE _____ DATE _____

This form does not replace the official Sunnybrook form!!! Until we hear from Simon and/or Rhonda otherwise, you should continue to have subjects sign the official human subjects approved metal screening form.

The form should be used in the following way:

If a subject answers “no” to all of the questions, they are allowed to enter the scanner. A subject who answers “yes” to any of the question may well still be safe to scan, but additional investigation is needed to make sure. For instance, if a subject answers “yes” to the tattoo question, then it needs to be determined if one of the metallic inks was used in the tattoo (which is not very common any more, but may heat up if in the MRI). The book at the MRI scanner should be able to answer most questions.

This questionnaire will only indicate if going into the scanner may be dangerous for your subject. It does not tell you if they are appropriate for your study and everyone should have their own questionnaire to determine whether or not a person is appropriate for their study. This would most likely include questions about head trauma (whether you are selecting for it or avoiding it!), and possibly vision requirements or auditory requirements.

Please let me know if a subject was not able to enter the scanner for any reason relating to the well-being of the subject that is not included on this form already. I would like to update the form if need be.

Thanks to Lee Ryan at the University of Arizona for the basis of this form.

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