Translational Imaging Research Facility
TIRF

Volunteer Name: _____
Date of Birth: _____
Weight: _____
Height: _____
Allergies: _____

3T MRI RESEARCH SCREENING FORM

To ensure your safety, this form **MUST** be completed in the presence of a certified MRI Technologist

YES	NO	
		Have you ever had a previous MRI?
		Have you ever been a metal worker, grinder or welder?
		Have you ever had a metal foreign body in or around the eyes?
		Are you pregnant or breast-feeding?
		Are you claustrophobic?
		Are you connected to any supportive medical device? (pumps, catheters)
		Have you ever had any surgery?
Do you have any of the following in place:		
		Cardiac Pacemaker, Implantable Cardioverter Defibrillators, or Leads
		Heart Valve Prosthesis
		Aneurysm Clip(s)
		Intraventricular Shunt
		Orbital Implants
		Neurostimulator, Bone Growth Stimulator, Biostimulator
		Implanted Drug Infusion Device/Insulin Pump
		Inner Ear Implants - Cochlear, Stapes, Aids
		Joint Replacements/Prosthesis
		Coil, Filter or Stent (intravascular)
		Genital Prosthesis/Devices (Penile, Diaphragm, Intra Uterine Device, Pessary)
		Surgical Rods/Wires/Plates/Shrapnel/Bullets
		Vascular access port (Peripherally Inserted Central Catheter, Swan Ganz, Port-a-cath)
		Dentures, Braces
		Tattoos, Permanent Cosmetics
		Body Piercing, Body Jewellery
		Medication Patches

If you answered YES to any of the above questions, please speak to the MR Technologist, and Research Coordinator/PI

I have been informed about the MR exam and how it is to be performed. I have answered the above questions and have spoken to the MRI Technologist, and Research Coordinator/PI regarding any possible contraindications to the MR exam. All of my questions have been answered. I understand this MR scan session is not for diagnostic purposes and a report will not be issued without proper consent:

Volunteer Signature: _____ **Date:** _____

Witnessed By: _____ **Date:** _____

Principal Investigator: _____