Translational Imaging Research Facility TIRF

Volunteer Name:			6.1.1:1
Date of Birth:		robarts RESEARCH Schulich Western	Schulich MEDICINE & DENTISTRY
Weight:			
Height:			western &
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:	