GSU/GT Center for Advanced Brain Imaging
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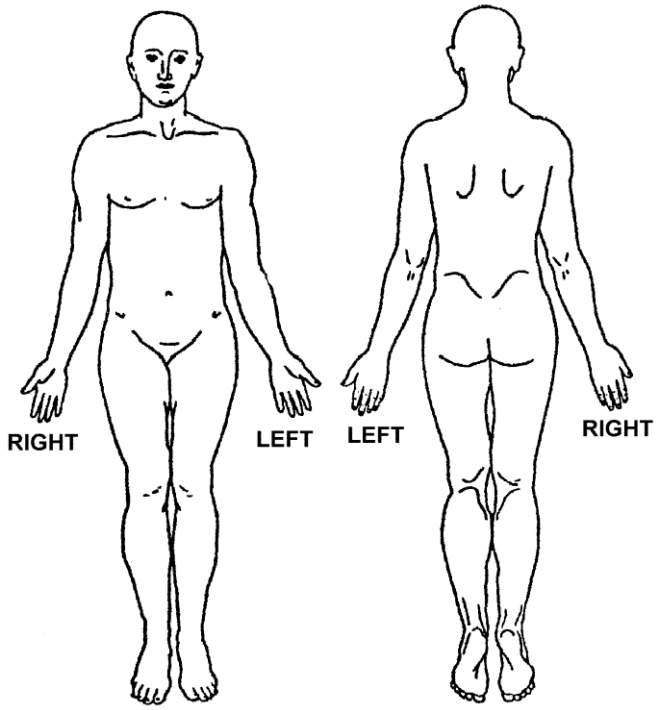
MAGNETIC RESONANCE SCREENING FORM- Adult Version

The MR suite contains a very strong magnet. Some metal objects can interfere with your scan or even be dangerous. Before you are allowed to enter, we must know if you have any metal objects in your body or have experienced any of the conditions listed below.

Please indicate if you have any of the following:

☐ Yes	☐ No	Metal in your skin, head or eyes
☐ Yes	☐ No	Epilepsy or history of seizure
☐ Yes	☐ No	Sickle cell anemia or blood disorder
☐ Yes	☐ No	Parkinson/Dementia/Alzheimer's
☐ Yes	☐ No	Cardiac pacemaker
☐ Yes	☐ No	Implanted cardioverter defibrillator (ICD)
☐ Yes	☐ No	Heart valve prosthesis
☐ Yes	☐ No	Metallic stent, filter, or coil
☐ Yes	☐ No	Vascular access port and/or catheter
☐ Yes	☐ No	Electric or Mechanical implant or device
☐ Yes	☐ No	Magnetic implant or device
☐ Yes	☐ No	Aneurysm clip(s) or Spinal cord stimulator
☐ Yes	☐ No	Shunt (spinal or intraventricular)
☐ Yes	☐ No	Wire mesh implant
☐ Yes	☐ No	Insulin or other infusion pump
☐ Yes	☐ No	Internal electrodes or wires
☐ Yes	☐ No	Radiation seeds or implants
☐ Yes	☐ No	Swan-Ganz or thermodilution catheter
☐ Yes	☐ No	Surgery
☐ Yes	☐ No	Surgical staples, clips, or metallic sutures
☐ Yes	☐ No	Bone/joint pin, screw, nail, wire, plate, etc.
☐ Yes	☐ No	Joint replacement (hip, knee, etc.)
☐ Yes	☐ No	Artificial or prosthetic limb
☐ Yes	☐ No	Bone growth/bone fusion stimulator
☐ Yes	☐ No	Any type of prosthesis (eye, penile, etc.)
☐ Yes	☐ No	Tissue expander (e.g., breast)
☐ Yes	☐ No	Eyelid spring or wire
☐ Yes	☐ No	Hearing aid
☐ Yes	☐ No	Cochlear, otologic, or another ear implant
☐ Yes	☐ No	Medication patch (Nicotine, Nitroglycerine)
☐ Yes	☐ No	Dentures, partial plates, or braces
☐ Yes	☐ No	Tattoo or permanent makeup/eyeliner
☐ Yes	☐ No	Amateur or prison tattoo
☐ Yes	☐ No	Shrapnel, bullet, or metallic foreign body
☐ Yes	☐ No	IUD, diaphragm, or pessary
☐ Yes	☐ No	Pregnant or breastfeeding
☐ Yes	☐ No	Jewelry that cannot be removed
☐ Yes	☐ No	Artificial cosmetic enhancements (hair extensions, magnetic eyelashes, nail polish etc.)

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



Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MRI scanner.

NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, functional MRI, MR spectroscopy). Do not enter in the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist BEFORE entering the MR system room. The MR system magnet is ALWAYS ON.

IMPORTANT INSTRUCTIONS FOR YOUR SAFETY

Before entering the MR environment, you must remove all metallic objects including hearing aids, dentures, removable partial plates, keys, beeper, mobile phone, eyeglasses, hair pins, barrettes, jewelry, body piercing, watch, safety pins, paper clips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocketknife, nail clipper, tools, shoes, clothing with metal fasteners (excluding pants & bra).

Name of Participant:

Date of Birth (MM/DD/YYYY) Weight (Pounds) Height (Feet, Inches)

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form:	Date (MM/DD/YYYY)

Form Completed by: Participant Relative

_____ _____

If relative, print your name State your relationship to participant

FOR OFFICE USE ONLY
Notes on any checked items:

COINS Study Name: _____
Principal Investigator: _____
Researcher(s): _____
Person obtaining screening: _____
Screening date & time: _____