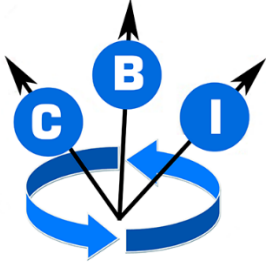


Center for Biomedical Imaging



Boston University Medical School

**MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM**

The MRI system has a very strong magnetic field that may be hazardous to individuals entering the MRI environment or MRI room if they have certain metallic, electronic, magnetic or mechanical implants, devices or objects. Therefore, all individuals are required to fill out this form **BEFORE** entering the MRI control room (Zone 3) or MRI Scanner room (Zone 4).

Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_

**ATTENTION:**

The following items are contraindications for MRI procedures on our scanner. Please notify the MRI technologist prior to the scan:

**Yes responses in this section will render the individual unable to have research MRI scans at the CBI for either safety or artifact concerns**

- | <u>YES</u> | <u>NO</u> |                                       | <u>YES</u> | <u>NO</u> |                                 |
|------------|-----------|---------------------------------------|------------|-----------|---------------------------------|
|            |           | Cardiac Pacemaker                     |            |           | Implanted Cardiac Defibrillator |
|            |           | Aneurysm Clip                         |            |           | Cochlear Implant                |
|            |           | Implanted Pump / Drug infusion device |            |           | Brain Stimulator                |
|            |           | Ventricular Shunt                     |            |           |                                 |

**If you have any of the following, it may be possible to have an MRI scan provided documentation has been obtained of MRI safety by the parent study**

- | <u>YES</u> | <u>NO</u> |   | <u>YES</u> | <u>NO</u> |   |
|------------|-----------|---|------------|-----------|---|
|            |           | Surgery in the past year                                    |            |           | Heart valve prosthesis                              |
|            |           | Metal worker, possibility of fragments in the eyes          |            |           | Joint replacement                                   |
|            |           | Any metallic fragments, foreign bodies, shrapnel or bullets |            |           | Wire mesh implant                                   |
|            |           | Surgical clips, staples, metallic sutures                   |            |           | Swan-Ganz catheter                                  |
|            |           | Surgical pins, screws nails, Harrington rods                |            |           | Eye prosthesis                                      |
|            |           | Stent, Filter or coil                                       |            |           | Artificial or prosthetic limb                       |
|            |           |   |            |           | Penile Implant                                      |
|            |           |   |            |           | Dentures, partial plate or magnetic dental implants |

There are no known safety risks associated with these items but it is important for us to know about them in order to help ensure your safety

YES NO

Safety reviewed  
*(For Tech Only)*

Removed

Tattoo

IUD, diaphragm, or Pessary (bladder sling)

Implanted Device

Possibility you could be pregnant

Hearing Aid *(Remove prior to scanning)*

Removable electronic monitoring device

Medication patch (Nicotine, Nitroglycerin, etc)

Acupressure beads *(Remove prior to scanning)*

Signature

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Reviewed by

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\_\_\_\_\_ Date

\_\_\_\_\_ Date

*(For Tech Only)*

Passed metal detection with hand wand

YES NO

Approved for scanning

\_\_\_\_\_  
*Tech initials*