scannexus

Safety screening form MRI scan Maastricht University
Version 2.3

I have understood the following questions and answered honestly:

- Do you have an active implant? ☐ Yes ☐ No
  (pacemaker, neurostimulator, insulin pump, ossicle prosthesis, or residual leads)
- Do you have any other foreign objects in your body, except dental fillings or crowns? ☐ Yes ☐ No
  (e. g. clips on blood vessels, metal splinters in the eye or body as consequence of shooting/accident/metal worker, orthopedic implants, braces, metal wire behind the teeth, mechanical contraception spiral)

  If yes, what kind of foreign object? ----------
- Have you had surgery to your brain, head? ☐ Yes ☐ No
- Do you suffer from epilepsy? ☐ Yes ☐ No
- Do you suffer from any known heart rhythm disorder? ☐ Yes ☐ No
- Do you have circulatory problems? ☐ Yes ☐ No
- Are you diabetic? ☐ Yes ☐ No
- Do you suffer from claustrophobia? ☐ Yes ☐ No
- Are you pregnant or do think that you might be? ☐ Yes ☐ No
- Do you wear jewelry/piercings that cannot be taken of? ☐ Yes ☐ No
- Do you have tattoos or permanent eye make-up? ☐ Yes ☐ No

  If yes, describe what and where: ----------
- Are you using medical plasters (e.g. nicotine) that cannot be taken of? ☐ Yes ☐ No

To be filled out by the certified user (all fields are obligated)

While going through the ProefpersonenInformatieFormulier (PIF) these questions have already been answered.

In relation with safety considerations for starting this scan I (name certified user) ----------

---------- went through this information again on (date) ----------

with the participant.

Participant number: ----------

Year of birth of the participant: ----------

Length (cm) of participant: ----------

Weight (kg) of participant: ----------

Scan date: ---------- Scan time: ----------

Signature certified user