

This document describes how to use the safety screening form when scanning a research project with human subjects at the MRI scanners or when accompanying persons enter the Magnet Room at Scannexus. This document does not cover all questions about safety/contra-indications. If you have any questions you can contact the Support Team. You can also have a look at [www.mrisafety.com](http://www.mrisafety.com).

**Keep in mind that the CU has always the final responsibility in screening and safety of the subject!**

**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)

*Contra-indication: Subject is not allowed to go into the Magnet Room*

- 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 metal implant?

*Contra-indication: Clips in blood vessels, metal splinters in the eye or body, bracelets, magnetic tooth prosthesis.*

*Relative contra-indication:*

- o *Orthopedic implants, only with evidence of material on paper, type number and has been proven as safe in MRI safety.com. Implants should not be located in the RF field (7T and 9.4T). Do not scan if you are not sure!*
- o *Metal wire behind teeth is only allowed on 3T and 7T.*
- o *Mirena spiral is allowed, others not!*

- Have you had surgery to your brain, head?  Yes  No

*Contra-indication if aneurysm clips or other implants are implanted. Surgery might affect a neurological experiment.*

- Do you suffer from epilepsy?  Yes  No

*Subject can be scanned, but keep in contact with the subject during scan sessions. Stop scanning if seizure occurs!  
Can be a contra-indication for a neurological study!*

- Do you suffer from any known heart rhythm disorder?  Yes  No

*Scanning is possible. Do not exceed threshold of nerve stimulation. Check subject regularly if he/she feels ok.*

- Do you have circulatory problems?  Yes  No

*Scanning is possible. Do not scan in level 1SAR mode! Subject might have bad thermo regulation. Check subject regularly if he/she feels ok.*

- Are you diabetic?  Yes  No

*Scanning is possible. Do not scan in level 1SAR mode! Subject might have bad thermo regulation. Check subject regularly if he/she feels ok.*

- Do you suffer from claustrophobia?  Yes  No

*Check if scanning might be possible in consultation with subject. No force! Can cost scan time!*

- Are you pregnant or do think that you might be?  Yes  No

*Contra-indication for scanning, not for entering the Magnet Room.*

- Do you wear jewelry/piercings that cannot be taken of?  Yes  No

*Contra-indication, might heat up or be attracted.*

- Do you have tattoos or permanent eye make-up?  Yes  No

*Tattoo is relative contra indication. If tattoo is not in RF field (7T en 9.4T) and is older than 3 weeks it is allowed to scan. Warn subject about possibility of heating. If so, subject has to squeeze the alarm ball immediately and scanning has to be stopped.*

*Permanent eye make-up is contra indication, contains higher level of iron oxide!*

- Are you using drug delivery patches (e.g. nicotine) that cannot be taken of?  Yes  No

*Contra-indication if plasters cannot/are not allowed to be taken of.*

I have been informed to satisfaction concerning the MRI safety. I had the possibility to ask questions concerning MRI safety. All my questions are answered to my satisfaction.

**I agree with being scanned:**

Last name:

Today's date:

First name:

Date of birth:

Middle name (if any):

Height (cm):

Weight (kg):

Signature: 

*To be filled out by the researcher*

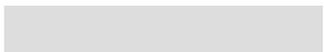
Name:

MR System:

Project number:

I declare that the person mentioned above has been informed orally and in writing about the MRI scan and has given their informed consent about the project mentioned above. I also declare that premature termination of participation by the person mentioned above will be of no influence on the care he or she will receive.

Function:

Signature: 

Date and time of scan: