

Date: _____ Principal Investigator: _____ IRB Protocol #: _____

Cognitive Neuroimaging Center MRI Safety Screening

Name: _____ E-mail: _____ Phone: _____

Date of Birth: _____ Weight: _____ Height: _____ Gender: _____ Ethnicity/Race: _____

- Y N Have you ever been a machinist, welder or metal worker?
 Y N — If yes, did you wear safety glasses at ALL times?
 Y N Have you ever had a piece of metal in your eyes?
 Y N Do you have any shrapnel or metallic fragments in your body? Please describe: _____
 Y N Do you have a cardiac pacemaker or pacer wires?
 Y N Do you have an aneurysm clip?
 Y N Do you have a prosthetic heart valve?
 Y N Do you have a neurostimulator (e.g. TENS-Unit)?
 Y N Do you have implanted pumps or electronic devices (e.g. Insulin)?
 Y N Do you have a cochlear implant?
 Y N Do you have a stent?
 Y N Do you have an IUD? Name: _____
 Y N Is there a chance you could be pregnant?
 Y N Are you wearing a skin patch (nicotine, contraceptive)?
 Y N Have you had a bone treated with metal rods, plates, or screws?
— Please describe and include date(s): _____
 Y N Have you had any major surgery?
— Please describe and include date(s): _____
 Y N Do you have any wires, magnetic or metallic implants in your body that are not listed above?

******Above must be cleared******

- Y N Do you have a non-removable retainer, dentures or braces? Describe: _____
 Y N Do you have a hearing aid?
 Y N Do you have body or cosmetic tattoos? Please describe _____
 Y N Do you have piercings?
 Y N Are you wearing magnetic or metallic cosmetics (nail polish, hair extensions, make-up)? _____
 Y N Are you wearing cosmetic contacts (e.g. circle lenses, big eye lenses)?
 Y N Are you claustrophobic?

DO NOT ENTER THE SCAN ROOM WITH ANY OF THESE ITEMS:

Bobby Pins/Barrettes/Safety Pins	Belts/Buckles	Magnetic/Metallic Cosmetics	Pens/Pencils
Underwire Bra	Keys/Coins	Wigs/Hairpiece	
Jewelry/Piercings/Watch	Credit/Bank Cards	Wallet/Money Clips	

***** ALL VOLUNTEERS MUST WEAR HEARING PROTECTION DURING ALL SCANS*****

I hereby agree to have a Magnetic Resonance Imaging (MRI) study.

Participant Signature: _____ Date: _____

Investigator Signature (Green Badge): _____ Date: _____