

# 3.0 T MRI Procedure Screening Form for Participants and Personnel



The MRI system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects in or on one's person. Therefore, all individuals are required to complete and have the form reviewed by the MR Tech BEFORE entering the MR environment or system room. **Be advised, the MRI system magnet is ALWAYS on.**

Questions about this form or the MR screening process may be referred to I<sup>2</sup>AT at 662-325-3019.

Choose one: Participant or Personnel

Date: \_\_\_/\_\_\_/\_\_\_ Principal Investigator / Lab \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Email Address: \_\_\_\_\_

## Screening Information

- |  |     |    |
|--|-----|----|
| 1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?<br>If yes, please indicate date and type of surgery: Date: ___/___/___ Type of surgery _____ | Yes | No |
| 2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)?<br>If yes, please describe: _____   | Yes | No |
| 3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)?<br>If yes, please describe: _____  | Yes | No |
| 4. Are you currently taking or have recently taken any medication?<br>If yes, please list: _____   | Yes | No |
| 5. Do you have drug allergies or have you had an allergic reaction?<br>If yes, please describe: _____  | Yes | No |
| 6. Have you had a prior diagnostic imaging study or examination?<br>If yes, please list:   | Yes | No |
| MRI                      _____                      ___/___/___                      _____   |     |    |
| CT/CAT Scan                      _____                      ___/___/___                      _____   |     |    |
| X-Ray                      _____                      ___/___/___                      _____   |     |    |
| 7. Have you experienced any problem related to a previous MRI examination or MR procedure?<br>If yes, please list: _____   | Yes | No |
| 8. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination?                               |     |    |

**For female participants:**

- |  |                 |     |    |
|--|-----------------|-----|----|
| 10. Date of last menstrual period: ___/___/___   | Postmenopausal? | Yes | No |
| 11. Are you pregnant, suspect you are pregnant, or experiencing a late menstrual period? |                 | Yes | No |
| 12. Are you currently breastfeeding?    Yes      No                                      |                 |     |    |

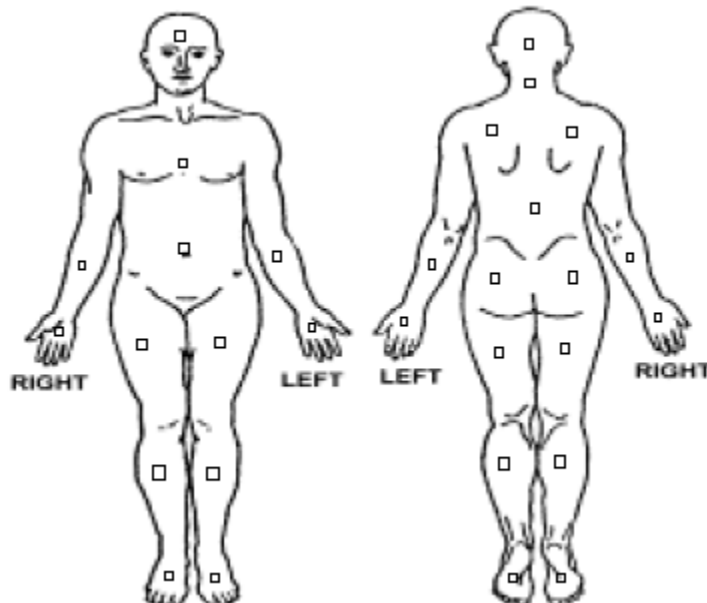


**Warning:** Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any questions or concerns regarding an implant, device, or object.

Some of the following items may be hazardous to your safety or may interfere with the MRI exam. Please check the correct answer for each of the following. If you check yes, please give more information. (E.g. Type of material? How long ago?) Use the diagram to indicate the location on your body.

- |     |    |  |     |    |  |
|-----|----|--|-----|----|--|
| Yes | No | Aneurysm clip (s)                            | Yes | No | Harrington rods (spinal rod)                   |
| Yes | No | Cardiac pacemaker                            | Yes | No | Bone growth/bone fusion stimulator             |
| Yes | No | Implanted cardioverter defibrillator (ICD)   | Yes | No | Eyelid spring or wire                          |
| Yes | No | Heart valve prosthesis                       | Yes | No | Metallic stent, filter, or coil                |
| Yes | No | Aortic clips                                 | Yes | No | Shunt (spinal or intraventricular)             |
| Yes | No | Carotid artery vascular clamp                | Yes | No | Medication patch (Nicotine, Nitroglycerine)    |
| Yes | No | Vascular access port or catheters            | Yes | No | Any metallic fragment or foreign body          |
| Yes | No | Venous umbrella/IVC filter/Greenfield filter | Yes | No | Hernia repair (mesh patch)                     |
| Yes | No | Electronic implant or device                 | Yes | No | Wire mesh implant                              |
| Yes | No | Magnetically-activated implant or device     | Yes | No | Tissue expander (e.g., breast)                 |
| Yes | No | Neurostimulation system                      | Yes | No | Surgical staples, clips, or metallic sutures   |
| Yes | No | Spinal cord stimulator                       | Yes | No | Bone/joint pin, screw, nail, wire, plate, etc. |
| Yes | No | Hearing aid                                  | Yes | No | Wire sutures or surgical staples               |
| Yes | No | Cochlear, otologic, or other ear implant     | Yes | No | Joint replacement (hip, knee, etc.)            |
| Yes | No | Ear tubes                                    | Yes | No | IUD, diaphragm, or pessary                     |
| Yes | No | Insulin or other infusion pump               | Yes | No | Dentures, partial plates, or braces            |
| Yes | No | Implanted drug infusion device               | Yes | No | Colored contact lenses                         |
| Yes | No | Implant held in place by a magnet            | Yes | No | Hair piece, wig, or toupee                     |
| Yes | No | Any type of prosthesis or implant            | Yes | No | Facelift or other cosmetic surgery             |
| Yes | No | Electrodes (on body, head, or brain)         | Yes | No | Tattoo or permanent makeup                     |
| Yes | No | Artificial or prosthetic limb                | Yes | No | Body piercing jewelry                          |
| Yes | No | Any metallic fragment or foreign body        | Yes | No | Breathing problem or motion disorder           |
| Yes | No | Any external or internal metallic object     | Yes | No | Claustrophobia                                 |
| Yes | No | Internal electrodes or wires                 | Yes | No | Other implant_____                             |

Please mark on the figures below the location of any implant or metal inside of or on your body.



### Important Instructions

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, belt, clothing with metal fasteners, and clothing with metallic threads.

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.

Please consult the MRI Technologist or Radiologist if you have any question or concern **BEFORE** you enter the MR system room.

### Confidentiality Obligations

Mississippi State University (MSU) recognizes an ethical and legal responsibility to maintain the confidentiality of medical information obtained as a business associate of the Imaging Center for Excellence. I acknowledge that I may have access to or use "protected health information" (PHI). I understand that I must handle such information in a confidential manner at all times.

I understand that my obligations regarding the protection of the confidentiality of the PHI include, but are not limited to, the following obligations:

1. **For Employees:** Never discuss or disclose confidential information to anyone (including family and friends), except where it directly relates to my job responsibilities where the release of such information has been authorized, or with employees where the information is known or needs to be known by both parties.

**For Research Participants:** If confidential information (PHI) is inadvertently placed in your view or possession, never discuss or disclose it to anyone (including family and friends).

2. **For Employees:** Take reasonable steps to properly secure confidential information on my computer and take steps to ensure that others cannot view or access such information. When I am away from my computer, log off my computer or use a password-protected screensaver to prevent access by unauthorized users. Not share my password with anyone, not engage in any conversations where others may overhear, and not leave printed or visual material in places where others may see them.

3. **For Employees and Research Participants:** When affiliation with MSU/ I<sup>2</sup>AT ends, I cannot take any PHI with me and I cannot reveal any PHI that I had access to as a result of my duties/research participation. I must, in accordance with my supervisor/advisor's direction at the time, either return or destroy PHI in a manner that will render it unreadable or unusable.

**Research Participants**, please read the confidentiality obligations above before agreeing to the below statements.

By Signing Below, I agree to the following:

- I will adhere to the confidentiality obligations pertaining to using the resources at I<sup>2</sup>AT and Imaging Center for Excellence
- I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.
- If confidential information (PHI) is inadvertently placed into my view or possession, I will not discuss or disclose it to anyone (including family and friends). I understand that unauthorized access, use, or disclosure of PHI may also violate federal and state law, and may result in criminal and civil penalties.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Researchers**, please read the confidentiality obligations above before agreeing to the below statements.

By Signing Below, I agree to the following:

- I will adhere to the confidentiality obligations pertaining to using the resources at I<sup>2</sup>AT and Imaging Center for Excellence
- I have read and will follow all I<sup>2</sup>AT policies and procedures.
- I understand that with regard to the possession, use or operation of the equipment or other property that Mississippi State University shall be responsible for liability resulting from the actions/inactions of its officers, agents, and employees acting within the course and scope of their official duties with Mississippi State University to the degree and within the parameters permitted under §§11-46-1, *et seq.*, Mississippi Code Annotated of 1972
- I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.
- I understand any unauthorized disclosure or discussion of information deemed to be confidential in nature by me may result in disciplinary action. I understand that unauthorized access, use, or disclosure of PHI may also violate federal and state law, and may result in criminal and civil penalties.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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