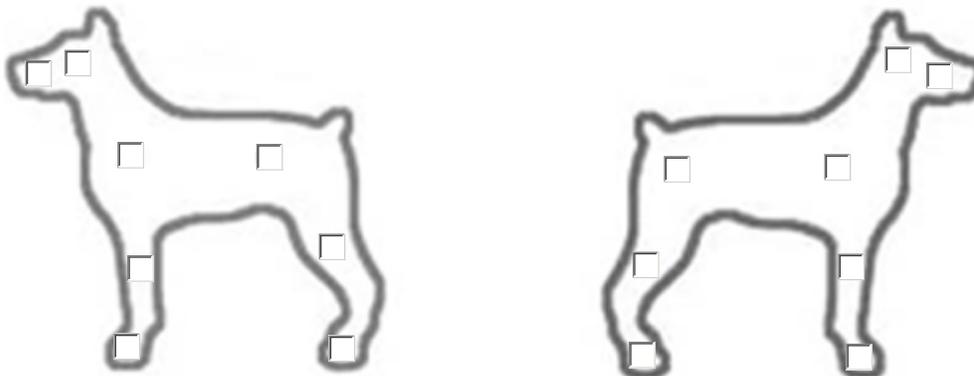


Some of the following items may be hazardous to the animal's safety or may interfere with the MRI exam. Please check the correct answer for each of the following. If you check yes, please give more information. (E.g. Type of material? How long ago?) Use the diagram to indicate the location on the animal's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

- | | | | | | |
|-----------------------|----------------------------------|--|-----------------------|----------------------------------|--|
| Yes | No | | Yes | No | |
| <input type="radio"/> | <input checked="" type="radio"/> | Aneurysm clip (s) | <input type="radio"/> | <input checked="" type="radio"/> | Bone growth/bone fusion stimulator |
| <input type="radio"/> | <input checked="" type="radio"/> | Cardiac pacemaker | <input type="radio"/> | <input checked="" type="radio"/> | Metallic stent, filter, or coil |
| <input type="radio"/> | <input checked="" type="radio"/> | Vascular access port or catheters | <input type="radio"/> | <input checked="" type="radio"/> | Shunt (spinal or intraventricular) |
| <input type="radio"/> | <input checked="" type="radio"/> | Venous umbrella/IVC filter/Greenfield filter | <input type="radio"/> | <input checked="" type="radio"/> | Medication patch (Nicotine, Nitroglycerine) |
| <input type="radio"/> | <input checked="" type="radio"/> | Electronic implant or device | <input type="radio"/> | <input checked="" type="radio"/> | Any metallic fragment or foreign body |
| <input type="radio"/> | <input checked="" type="radio"/> | Magnetically-activated implant or device | <input type="radio"/> | <input checked="" type="radio"/> | Hernia repair (mesh patch) |
| <input type="radio"/> | <input checked="" type="radio"/> | Neurostimulation system | <input type="radio"/> | <input checked="" type="radio"/> | Wire mesh implant |
| <input type="radio"/> | <input checked="" type="radio"/> | Spinal cord stimulator | <input type="radio"/> | <input checked="" type="radio"/> | Tissue expander (e.g., breast) |
| <input type="radio"/> | <input checked="" type="radio"/> | Insulin or other infusion pump | <input type="radio"/> | <input checked="" type="radio"/> | Surgical staples, clips, or metallic sutures |
| <input type="radio"/> | <input checked="" type="radio"/> | Implanted drug infusion device | <input type="radio"/> | <input checked="" type="radio"/> | Bone/joint pin, screw, nail, wire, plate, etc. |
| <input type="radio"/> | <input checked="" type="radio"/> | Implant held in place by a magnet | <input type="radio"/> | <input checked="" type="radio"/> | Wire sutures or surgical staples |
| <input type="radio"/> | <input checked="" type="radio"/> | Any type of prosthesis or implant | <input type="radio"/> | <input checked="" type="radio"/> | Joint replacement (hip, knee, etc.) |
| <input type="radio"/> | <input checked="" type="radio"/> | Electrodes (on body, head, or brain) | <input type="radio"/> | <input checked="" type="radio"/> | IUD, diaphragm, or pessary |
| <input type="radio"/> | <input checked="" type="radio"/> | Artificial or prosthetic limb | <input type="radio"/> | <input checked="" type="radio"/> | Dentures, partial plates, or braces |
| <input type="radio"/> | <input checked="" type="radio"/> | Any metallic fragment or foreign body | <input type="radio"/> | <input checked="" type="radio"/> | Tattoo |
| <input type="radio"/> | <input checked="" type="radio"/> | Any external or internal metallic object | <input type="radio"/> | <input checked="" type="radio"/> | Breathing problem |
| <input type="radio"/> | <input checked="" type="radio"/> | Internal electrodes or wires | <input type="radio"/> | <input checked="" type="radio"/> | Other implant _____ |
| <input type="radio"/> | <input checked="" type="radio"/> | Harrington rods (spinal rod) | | | |

Please mark on the figures below the location of any implant or metal inside of or on the animal's body.



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.

Personnel, please read the confidentiality obligations found [here](#) before clicking.

In lieu of a signature, please click this box to agree to the above statements