

# 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? Yes  No   
 If yes, please indicate date and type of surgery: Date: \_\_\_/\_\_\_/\_\_\_ Type of surgery \_\_\_\_\_
  2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? Yes  No   
 If yes, please describe: \_\_\_\_\_
  3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)? Yes  No   
 If yes, please describe: \_\_\_\_\_
  4. Are you currently taking or have recently taken any medication? Yes  No   
 If yes, please list: \_\_\_\_\_
  5. Do you have drug allergies or have you had an allergic reaction? Yes  No   
 If yes, please describe: \_\_\_\_\_
  6. Have you had a prior diagnostic imaging study or examination? Yes  No   
 If yes, please list:
 

	Body Part	Date	Facility
MRI	_____	___/___/___	_____
CT/CAT Scan	_____	___/___/___	_____
X-Ray	_____	___/___/___	_____
  7. Have you experienced any problem related to a previous MRI examination or MR procedure? Yes  No   
 If yes, please list: \_\_\_\_\_
  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

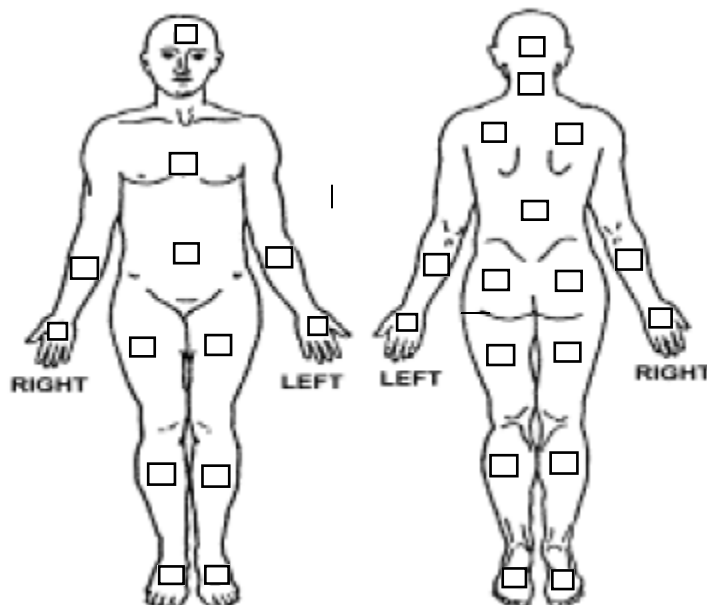


**Warning:** Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any questions or concerns regarding an implant, device, or object.

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



**Institute for Imaging & Analytical Technologies**

PO Box 9630

Mississippi State, MS 39759

662-325-3019