MRI screening

SPINOZA
Spinoza Centre for Neuroimaging

MRI is a research method that uses a very strong magnetic field. In some cases, this magnetic field could pose a danger and precautions are necessary. To prevent any risk or adverse effects, please fill out this questionnaire truthfully. Please check the answer that applies to you.

Name	
Date of birth	
Weight (est.)	KG

Please indicate what applies to you:

1.	Do you have any metal (shavings/fragments) in your body (e.g., in your eyes) as a result of work in the metal industry or as a result of war (explosions)?	☐ Yes	☐ No
2.	Do you have or used to have a pacemaker / defibrillator (ICD) / leads / implantable loop recorder / drug(insulin) pump / hydrocephalus shunt?	☐ Yes	☐ No
3.	Do you have a neurostimulator (*Deep Brain Stimulator)*?	☐ Yes	☐ No
4.	Do you have vascular clips, shunts or stents?	☐ Yes	☐ No
5.	Do you have a hearing aid that is not removable (e.g., cochlear implants or BAHA with a magnetic mount?	☐ Yes	☐ No
6.	Do you have dental constructs (false teeth, implants, braces, retainers etc.)?	☐ Yes	☐ No
7.	Do you have an implanted artificial lens that was placed before 1990?	☐ Yes	☐ No
8.	Do you have a prosthesis for stretching the skin (tissue expander)?	☐ Yes	☐ No
9.	Have you had a polyp removed or a bleeding treated in the esophagus, stomach, large/small intestine in the past six months?	☐ Yes	☐ No
10.	Have you had any surgery in the past six weeks (regardless of whether metal may have been placed or used)?	☐ Yes	☐ No
11.	Have you ever had any surgery where metal may have been implanted (e.g., artificial joints)?	☐ Yes	☐ No
12.	Do you have tattoos, piercings and/or permanent cosmetics (make-up)?	☐ Yes	☐ No
13.	Do you use a *Continuous* or *Flash Glucose Monitoring System*?	☐ Yes	☐ No
14.	Do you use transdermal patches (nicotine patch, hormone patch, etc.)?	☐ Yes	☐ No
15.	Do you wear anti-odour / antimicrobial clothing (containing nano silver)?	☐ Yes	☐ No
16.	Do you have an intrauterine contraceptive device? Mirena, Adiana silicone or Essure implant is not a problem.	☐ Yes	☐ No
17.	Are you pregnant or do you suspect you might be pregnant?	☐ Yes	☐ No
18.	Do you or have you ever suffered from claustrophobia (e.g., does an elevator frighten you)?	☐ Yes	☐ No
19.	Do you or have you ever suffered from tinnitus (ringing in the ears)?	☐ Yes	☐ No

See other side

If one of the previous questions is answered with YES, please fill out as much additional information as possible:

Type of implant / device:	
Manufacturer:	
Model name / number:	
Name of hospital where implant has been placed:	
Year of surgery:	

21.	Have you taken note of the written information about the MRI research?	☐ Yes	☐ No
22.	Do you understand all the information?	☐ Yes	☐ No
23.	In case of a relevant incidental finding, we need to inform your general practitioner. Do you agree with this procedure?	☐ Yes	☐ No

Statement

I hereby declare that the above information provided by me is true and correct to the best of my knowledge. I have read the form and understand the entire contents. Additionally, I have had the opportunity to ask questions regarding the information on this form

Name: .....

Date: .....

Signature:

Reviewed by
(name and signature MR operator): .....
Date: .....