

# 3T VOLUNTEER MRI SCREENING FORM



Please carefully check the following as some items can interfere with MR or be hazardous to your safety. Mark your answer with a circle and add any relevant information. Safety calculations made by the scanner require us to input your weight, height and sex assigned at birth. **Your answers will be kept strictly confidential.**

Volunteer name \_\_\_\_\_ Sex \_\_\_\_\_

Date of birth \_\_\_\_\_ Weight \_\_\_\_\_ kg Height \_\_\_\_\_ cm

*I understand these questions are used to determine if it is safe to take part in the study and may be looked at by designated individuals from the University of Oxford. If I am not scanned these details will be destroyed. If I am scanned these details will be securely stored for up to 5 years and then destroyed.*

*Please initial if you agree*

## IF YOU HAVE ANY QUESTIONS THEN PLEASE ASK US BEFORE YOUR SCAN

Do you have a heart pacemaker or pacing wires?	YES	NO
Have you had any heart surgery (e.g. coronary stent, heart valve replacement, PFO closure)?	YES	NO
Have you had any surgery to your head including eyes / ears / brain?	YES	NO
Have you had any surgery to your neck or spine?	YES	NO
Do you have any implanted devices (e.g. aneurysm clip, hydrocephalus shunt, nerve stimulator, cochlear implant, mesh)?	YES	NO
Have you had any operations involving metallic pins / plates / screws / wires?	YES	NO
Have you had any surgical procedures or endoscopy in the last 6 weeks? (Please write below)	YES	NO
Have you <b>ever</b> had any other surgical procedures of any kind, however minor or as a child? (Please write below)	YES	NO

Have you <b>ever</b> sustained any injuries involving metal to the eyes or other part of the body (e.g. from drilling, grinding or welding)?		YES	NO
Have you ever had a serious accident or injury (e.g. road traffic or industrial accident, explosion, shooting or shrapnel injury?)		YES	NO
Have you ever had a fit or blackout, or do you suffer from epilepsy or diabetes?		YES	NO
Do you have any of the following (if yes please circle):			
Body piercing, eye makeup, coloured contact lenses	Hearing aid, wearable medical device e.g. drug pump, glucose monitor	Dentures, dental braces, dental implant, dental bridge	Medicated skin patch e.g. pain, HRT, nicotine, contraceptive
Tattoos including cosmetic	Artificial limb, prosthesis, splint, brace or support	IUD or contraceptive coil If yes please state type:	
Could you be pregnant?		N/A	YES NO
Are you wearing any clothing, including underwear, that contains metallic threads or has been silver impregnated (e.g. anti-microbial)?		YES	NO
Do you understand that this is a research scan and is not useful for diagnosis?		YES	NO
Have you removed your jewellery, hairgrips, hearing aids, watch, spectacles, keys and coins?		YES	NO

**Volunteer / Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Radiographer Use Only</b>	Screened by _____
	Signature _____
	Consent sighted _____

## Notes

**For scans using contrast agent only:** *(please ask a member of staff if you don't know whether your scan will involve contrast agent)*

Have you had MR contrast agent before? (please leave blank if unknown)

YES

NO

Are you aware of any problems with your kidneys?

YES

NO

Do you have any allergies to medications? If yes please give details

YES

NO

Are you currently breast-feeding?

YES

NO