

MRI SAFETY SCREENING FORM*

Section A: Project Information

Exam Date: _____

PI's Name: _____ Project No.: _____ Subject No.: _____ Tel. No.: _____

MR Coils: _____ OEMs: _____ Primary User's Name: _____

Section B: Subject Information

Name: _____ HKID / Passport No.: _____ (First 4 digits)

Sex: _____ Date of Birth: _____ (DD/MM/YY) Height: _____ Weight: _____

Section C: Safety Questionnaire

Many items are **contraindicated** in the MRI environment. These items may be located on or in your body. Your safety is very important to us. Please carefully read the following questions and mark the corresponding answers.

List all prior surgical operations and their respective time: _____

List any history of Chronic Illness: _____

List any history of MRI and other related imaging exam: _____

Indicate if you have a history of: Brain Surgery Stroke Cancer Asthma

Indicate if you: Need Walking Aids Have Difficulty in Lying Flat on your Back

Please indicate if you have or have had any of the following:

WARNING: Certain implants, devices, or objects may be **HAZARDOUS** to you and/or may interfere with the MR procedure. You will be required to remove clothing that is not 100% cotton, and to change into a patient gown. Do not enter MRI restricted area if you have any questions or concerns regarding an implant, device, or object. Consult the MRI operator or UBSN staff **BEFORE** entering the MRI scanning room. Please note that the **MR SYSTEM MAGNET IS ALWAYS ON.**

		Yes	No	Not Sure
1	Eye Injury by Metal			
2	Body Injury by Metallic Object (e.g. Bullet, Shrapnel, etc.)			
3	Brain Aneurysm Clip			
4	Cardiac Pacemaker / Defibrillator			
5	Neurostimulator			
6	Electronic Device / Implant (e.g. Pill cam, Infusion Pump, etc.)			
7	Shunt			
8	Stent / Filter / Coil			
9	Cochlear (Middle Ear) Implant			
10	Hearing Aid			
11	Eye Implant / Eyelid Spring / Wire			

***Personal Information Collection Statement:** The personal information collected is for your examination registration. It will be kept confidential, and only authorised staff members of PolyU will have access to and handle your personal data. No information will be disclosed or transferred to others without your written permission, except (1) if necessary to protect your rights or welfare, and (2) if required by law.

		Yes	No	Not Sure
12	Metal Rod / Pin / Screw / Joint Replacement			
13	Prosthesis (e.g. Artificial Heart Valve, Eye, Limb, Penile, etc.)			
14	Breast Tissue Expander			
15	Glucose Monitoring Sensor / Medication Patch			
16	IUD / Contraceptive Diaphragm / Vaginal Pessary			
17	Tattoo / Permanent Makeup			
18	Denture / Dental Retainer / Dental Brace / Dental Implant			
19	Accessory / Body Piercing / Wig			
20	Cosmetic Colored Contact Lenses			
21	Known / Possible Pregnancy (First day of the Last Menstrual Period: _____ DD/MM/YY)			
22	Claustrophobia			

If **YES**, please give information (e.g. type of material, how long ago):

Section D: Important Instructions

Before entering the MRI scanning room, you must **remove all metallic objects** including, but not limited to, hearing aids, dentures, keys, beepers, cell phones, eyeglasses, hair pins, jewellery, watches, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocketknives, nail clippers, tools, and clothing with metallic threads.

Please consult the MRI operator or UBSN staff if you have any questions or concerns **BEFORE** you enter the scanning room.

Section E: Declaration

- I **voluntarily** provide the above information and attest that it is **correct** to the best of my knowledge.
 I have **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.

Subject/ Parent/ Guardian's Signature (& Name):

(Name: _____)

Relationship: Subject / Father/ Mother / Guardian

Secondary User's Signature:

(Name: _____)

Primary User's Signature:

Date:

(DD/MM/YY)