CAMRI MRI Screening Form for Research Participants

Thank you for your interest in the MRI studies at the Core for Advanced MR Imaging at Baylor College of Medicine. Prior to receiving an MRI scan, we require the information in the form below. Your answers to these questions will improve our research by helping us to better understand our subject population. This will also ensure that your time in the scanner is safe and comfortable, so please provide accurate and complete answers. The answers you provide will remain confidential.

**Please provide explanation for all yes answers.

TO BE COMPLETED BY PATIENT		
**If you have any of the following- STOP and alert the staff now	YES	NO
Heart pacemaker or defibrillator		
Spinal Cord stimulator		
Implanted infusion pump		
Hearing implants		
Other implantable/external electronic devices		
Cerebral aneurysm clips		
Tissue Expanders		
Pill/Cam (Capsule Endoscopy) (in last 48 hours)		
Have you ever had any metal in your eyes?		
Are you a metal worker/ welder?		

If you answered NO to all the above, please continue	YES	NO
Aortic clips		
Brain clips		
Bullet fragments		
Dental braces, retainer or implants		
Heart valves		
Inferior Vena Cava Filter (IVC) filter (umbrella)		
Intrauterine device (IUD)		
Joint replacements		
Limb prosthesis		
Metal mesh		
Metal tracheostomy		
Penile implants		
Piercings that cannot be removed		
Port/Port-a-Cath		
Rods/screws/plates		
Shrapnel Shunts / stents		
Tattoos, Permanent eyeliner or eyebrows		
Colored Contacts		
Are you claustrophobic?		
Is there any chance of pregnancy?		
Do you require eyeglasses to see computer screen while sitting at desk?		
List any surgeries that you have had:		
List any other medical or biomedical devices:		

PLEASE DO NOT BRING INTO SCAN ROOM: Metal objects & electronic devices such as: *phone, wallet- credit cards, hotel room key cards, parking chips, hearing aids, watch, pens, etc.*

Please provide the following subject information:

DOB:_____ Weight:_____ Height:_____ Sex:_____ Ethnicity:_____

Patient Signature Date Print Name

MRI Tech/ Trained User Date Print Name

Researcher for study: _____