

UC Irvine
MRI Safety Questionnaire

Name: _____ Department: _____

Email: _____ Extension: _____

ATTENTION: You have asked to work with the MRI scanner at UCI. This screening is to ensure your safety since certain implants, devices, or objects may cause harm to you or the device if you enter a strong magnetic field. Please indicate if you do or do not have any of the items listed below and sign your name. Feel free to ask MRI personnel for clarification.

➔ **WARNING**

If you have one or more of the following, approaching the MRI scanner may cause serious harm or even death. Please tell the MRI personnel immediately.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Aneurysm clip |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac pacemaker |
| <input type="checkbox"/> | <input type="checkbox"/> | Implanted cardioverter defibrillator (ICD) |
| <input type="checkbox"/> | <input type="checkbox"/> | Electronic implant or device |
| <input type="checkbox"/> | <input type="checkbox"/> | Magnetically activated implant or device |
| <input type="checkbox"/> | <input type="checkbox"/> | Neurostimulation system |
| <input type="checkbox"/> | <input type="checkbox"/> | Spinal cord stimulation system |
| <input type="checkbox"/> | <input type="checkbox"/> | Bone growth or bone fusion stimulator |
| <input type="checkbox"/> | <input type="checkbox"/> | Cochlear, otologic or other ear implant |
| <input type="checkbox"/> | <input type="checkbox"/> | Insulin or drug infusion pump |
| <input type="checkbox"/> | <input type="checkbox"/> | Pregnancy |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior eye injury |

Important:

The MRI magnet is always on. Before entering the MR environment you must remove all metallic objects. These include hearing aids, keys, beepers, mobile phones, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watches, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knives, nail clippers, and tools.

In addition, you must screen the animals that you will be imaging for metal objects. Be aware that all equipment you use to take care of the animal, (i.e. anesthesia machine, scissors, hemostats, etc.) must stay behind the 5 gauss line (yellow and black checkered tape on floor) in MR room.

➔ **CAUTION**

The presence of any of the following may or may not exclude you from working in the MR environment.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Any type of prosthesis (eye, heart valve, limb, penile, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyelid spring or wire |
| <input type="checkbox"/> | <input type="checkbox"/> | Metallic stent, filter, or coil |
| <input type="checkbox"/> | <input type="checkbox"/> | Shunt, vascular access port, or central line. |
| <input type="checkbox"/> | <input type="checkbox"/> | Radiation seeds or implants |
| <input type="checkbox"/> | <input type="checkbox"/> | Swan Ganz or thermo-dilution catheter |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication patch (nicotine, birth control, nitroglycerine, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any metallic fragment or foreign body (bullet, shrapnel, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Wire mesh implant |
| <input type="checkbox"/> | <input type="checkbox"/> | Tissue expander (e.g. breast) |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgical staples, clips, or metallic sutures |
| <input type="checkbox"/> | <input type="checkbox"/> | Wound dressing |
| <input type="checkbox"/> | <input type="checkbox"/> | Joint replacement (hip, knee, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bone or joint pin, screw, nail, wire, plate, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Dentures or partial plates |
| <input type="checkbox"/> | <input type="checkbox"/> | Tattoo or permanent makeup |
| <input type="checkbox"/> | <input type="checkbox"/> | Body piercing jewelry |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing aid |
| <input type="checkbox"/> | <input type="checkbox"/> | Other implant: _____ |

Signed _____ (Researcher) Date _____

OFFICE USE ONLY

Reviewed by:
MRI Personnel: _____
Date: _____