

Participant Safety Checklist

Name:

Date of Birth:

Weight:

Study Name/Volunteer Number:

*Please check the following list carefully, answering all appropriate questions.
Please do not hesitate to ask staff, if you have any queries regarding these questions.*

1. Do you have a pacemaker, artificial heart valve or coronary stent? Yes No

2. Have you ever had major surgery? Yes No

If yes, please give brief details:

3. Do you have any aneurysm clips (clips put around blood vessels during surgery)? Yes No

4. Do you have any implants in your body?

Yes No Joint replacements, pins or wires

Yes No Implanted cardioverter defibrillator (ICD)

Yes No Electronic implant or device

Yes No Magnetically-activated implant or device

Yes No Neurostimulation system

Yes No Spinal cord stimulator

Yes No Insulin or infusion pump

Yes No Implanted drug infusion pump

Yes No Internal electrodes or wires

Yes No Bone growth/bone fusion stimulator

Yes No Any type of prosthesis

Yes No Heart valve prosthesis

Yes No Eyelid spring or wire

Yes No Metallic stent, filter or coil

Yes No Shunt (spinal or intraventricular)

Yes No Vascular access port and/or catheter

Yes No Wire mesh implant

Yes No Bone/joint pin, screw, nail, wire, plate etc.

Yes No Other Implant

5. Do you have an artificial limb, calliper or surgical corset? Yes No

6. Do you have any shrapnel or metal fragments, for example from working in a machine tool shop? Yes No

Yes No

7. Do you have a cochlear implant? Yes No

8. Do you wear dentures, plate or a hearing aid? Yes No
9. Are you wearing a skin patch (e.g. anti-smoking medication), have any tattoos, body piercing, permanent makeup or coloured contact lenses? Yes No
10. Are you aware of any metal objects present within or about your body, other than those described above? Yes No
11. Are you susceptible to claustrophobia? Yes No
12. Do you suffer from blackout, diabetes, epilepsy or fits? Yes No

For women:

13. Are you pregnant or experiencing a late menstrual period? Yes No
14. Do you have an intra-uterine contraceptive device fitted? Yes No
15. Are you taking any type of fertility medication or having fertility treatment? Yes No

Important Instructions

Remove all metallic objects before entering the scanner room including hearing aids, mobile phones, keys, glasses, hair pins, jewellery, watches, safety pins, paperclips, credit cards, magnetic strip cards, coins, pens, pocket knives, nail clippers, steel-toed boots/shoes and all tools. Loose metallic objects are especially prohibited within the MR environment.

I have understood the above questions and have marked the answers correctly.

Signature

(Participant/Parent/Guardian)

Date

MR Centre Staff Signature