**SECTION 1: Here is a table of common implants/devices/tattoos that have been encountered. Please read the instructions carefully, follow the table and tick the appropriate box(es).**

**SCANNER : PRISMA [3T] AVANTO [1.5T]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Please read the table from LEFT to RIGHT.***  ***If your option is not on the list*, please fill in Section 2 on the next page with as much details as possible.** | | ***Researcher sign-off in Section 4 and send to BUCNI,*** if **ONLY** any of the options in this column has been ticked **AND** **NO** other items from the other columns, then the participant is **safe** to scan. | | ***Please complete Section 2 and send to BUCNI,*** if any of the options in this column are ticked, further information and approval from BUCNI is needed before proceeding. | | | ***Do NOT send this form to BUCNI,*** if any of the options in this column has been ticked, the participant **CANNOT** be scanned**.** |
| **Please note**, if the object is **not fertility control related**, it may take longer to approve. We highly recommend that you replace your participant, unless for specific reasons (e.g., special population). | | |
| **OBJECT** | | **SAFE** | | **CONDITIONAL** | | | **UNSAFE** |
| **FERTILITY CONTROL** | **Skin Implant** | More than 6 weeks old. | | All other types. | | |  |
| Implanon | Nexplanon |
| **Intrauterine (IUD)** | More than 6 weeks old. | | All other types. | | |  |
| Nova T380 NuvaRing  Mona Lisa (all) | Kyleena  Mirena |
| **DENTAL** | **Retainer Wire** | Upper **OR** Lower | | Upper **AND** Lower | | |  |
| **Filling and Veneer** | **Older** than six weeks. | | **Within** last six weeks (*Typically, cannot be scanned under 6 weeks.)* | | |  |
| **Implant, Crowns, Dentures, Bridges, Dental Braces, etc.** | **Permanent:** Anchored with surgical steel or titanium.  **Non-Permanent:** Removeable artificial teeth of 3 or less teeth **WITHOUT** magnets. *(Must be removed before scanning.)* | | Made of materials other than surgical steel, titanium, gold, plastic, or ceramic.  Covering more than three teeth. | | | **Permanent:** Surgical steel or titanium bone anchor **with magnetic attachment**.  **Non-Permanent:** Removeable **WITH** magnets. |
| **SURGICAL** | **Minor Surgery**  Superficial dental **and/or** body surface surgery – **no general anaesthesia** | Yes – no implants inserted except for dental ***(Complete Section 2 for further details.)*** | |  | | |  |
| **Major Surgery**  Open body surgery **and/or** general anaesthesia. |  | | Yes, *please provide surgery details and report in Section 2*. | | |  |
| **Implants/Foreign Objects** |  | | Screw  Plate  Clip  Coil  Shunt | Artificial hip  Artificial knee  Staple  Mesh  Valve | Non-electronic medical implant  Unknown/  Unsure | Cochlear Implants |
| **PIERCINGS** | | **Purpose:** to keep the piercing holes from shrinking. | |  | | | Difficult to remove or non-removeable **metal** piercings |

**SECTION 2: NEW ITEM/ADDITIONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please specify what the item is:** | **Please specify the *purpose*, *material,* and *brand*:** | **Please specify location and size on body:** | **Has it been MRI scanned before?** | **Attachment (Please attach with this form) \*:** |
| Dental: *click here to choose category below*  Fertility Control: *click here to choose below*  Surgical: *click here to choose category below*  Piercings  Other: Enter text here. | Enter text here. | Enter text here. | **Yes** **No**  **If yes, where?**  Enter location here.  **Additional details:**  Enter text here. | Electronic copy of manufacturer’s document **specific** to the implant  Surgery’s report  Other: Other Information.  Could not locate. |
| *\*Please contact the manufacturer/consultant for the data sheets of the implant and attach it to the email - if you can't find it, please indicate (note this will take longer to verify).* | | | | |

**SECTION 3: RESEARCHER INFORMATION**

|  |  |
| --- | --- |
| **PI’s Name:** Enter text here.  **Researcher’s Name:**  Enter text here.  **Researcher’s Email:** Enter text here. | **Submission Date:** Enter date here.  **Project Code:**  Enter text here.  **Subject Number\*:** Enter text here.  *\*Unique to your research project.* |
| **Once completed, please send this form with any attachments to Joerg Magerkurth (**[**j.magerkurth@ucl.ac.uk**](mailto:j.magerkurth@ucl.ac.uk)**) and name this file as the following:**  For SAFE SCANS ONLY: “**SAFE\_**BUCNI \_IMPLANT\_FORM\_*ProjectCode*\_*SubjNo*\_*Date(DDMMYY)*.docx”  For all other: “BUCNI \_IMPLANT\_FORM\_*ProjectCode*\_*SubjNo*\_*Date(DDMMYY).*docx” | |
| **REMINDER: For additional information, did you attach the manufacturer’s document and/or surgery report?** | |

**SECTION 4: RESEARCHER APPROVAL for SAFE SCANS ONLY**

|  |
| --- |
| **Researcher approval for SAFE SCANS** **ONLY**.  **Researcher’s Name:**  Researcher’s name here.  **Date:**  Enter date here. |

**SECTION 5: BUCNI-ONLY**

|  |  |
| --- | --- |
| **Approved?  YES  NO**  **Approver:** BUCNI staff name  **Date:** Date of approval. | **Comments:**  Any comments here. |