**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****) 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.  |