


MRI PRE-SCREENING FORM, ADULT**Birkbeck/UCL****Centre for Neuroimaging**

This form is for primary screening of research subjects. Leave form at BUCNI

SCANNER: _____ (1.5T or 3T)

Principal Investigator / Lab:		Subject No (format YYMMDDII):	
Participant:			
(Last name)		(First name)	(Middle initial)
Date of Birth	Subject Height in cm:	Subject Weight in kg:	Email address:
Address:			Phone:
(House no / street)		(City)	(Postcode)
GP (name, address, phone number):			

 **The following questions are to find out about anything that could be hazardous to your safety or that may interfere with the MRI scan. Please answer each of the following. If you check yes, please provide more information.**

1. Yes No Do you feel sick today?
2. Yes No Do you have an implanted medical device? (e.g., heart pacemaker, cochlear implant, metal air tubes, TENS unit, bone stimulator, insulin or other medication pump, automatic defibrillator)
3. Yes No Is there a possibility of metal in your head? (e.g., aneurysm clips, CSF shunt, not dental fillings)
4. Yes No Is there a possibility of metal in your eyes? Have you needed an eyewash for metalwork?
5. Yes No Have you had any stents, clips, or surgery to any of your vessels (e.g., surgery on blocked arteries, carotid artery vascular clamp, coronary stent, aortic clips, IVS filter, coils to block arteries)
6. Yes No Have you ever had any surgery?
Details: _____ **Date(s):** _____
7. Yes No Do you have any metallic dental implants (e.g., posts, crowns, dentures, bridges)?
8. Yes No **Within the last 6 weeks**, have you had any dental fillings?
9. Yes No **Within the last 6 weeks**, have you had any bone, tendon, spine, or joint surgery?
10. Yes No Do you have metal anywhere else in your body? (e.g., spinal rods, dental work (i.e., retainers), piercings, shrapnel, buckshot, bullets).
11. Yes No Do you have a transdermal medicated patch? (e.g., nicotine, contraceptive, pain relief, heating/cooling patch)
12. Yes No Do you have tattoo(s), tattooed eyeliner, or tattooed eyebrows/microblading? **If yes:**
 - Yes No a) Was it professionally applied by a trained tattoo artist?
 - Yes No b) Do you have any thermoregulatory problems or skin insensitivity?
 - Yes No c) Are you willing and able to use a squeezable bulb to alert the MRI operator that your tattoo is tingling or heating?
 - Yes No d) Is the tattoo more than six weeks old?
13. Yes No Do you wear a hearing aid, and/or dentures?
14. Yes No Do you wear a wig, hair-extensions, and/or a veil?
15. Yes No Are you wearing colour contact lenses and/or any makeup (i.e., mascara, eyeliner, eyelashes, nail polish)?
16. Yes No Are you wearing any bra or sports bra, or any antimicrobial clothing? Are there any loose metal parts on your clothing (e.g. metal collar stays)? -- Ask if you are not sure please
17. Yes No Do you have any medical problems when you lie flat on your back? (e.g., breathing, back pain, nausea)
18. Yes No Are you suffering from asthma, or do you have allergies to any medication you have taken recently?
19. Yes No Do you suffer from claustrophobia, or do you get uncomfortable in enclosed spaces? (e.g., in a lift)
20. Yes No Have you had any medical condition that prevented you from completing an MRI exam in the past?
21. Yes No [female] Is there any possibility that you may be pregnant?
22. Yes No [female] Do you have an intrauterine device (IUD) containing copper, a contraceptive diaphragm, or a contraceptive implant?
23. Yes No Do you have any other medical device / non-medical device on your body or implanted not covered in the questions above? (e.g., sub-dermal chip, sensor, endoscopy pill, etc.)
24. Yes No May we contact you and help you liaise with your G.P. if we notice something unusual in the scan?
25. Yes No Would you like to be informed yourself if something unusual was found in your brain scan?
26. *Initial:* _____ I acknowledge that these scans are not optimized for detection of clinical abnormalities.
27. *Initial:* _____ I acknowledge that BUCNI will store data from my scan for 10 years.

Name of person completing form (please print)_____
Signature_____
Date_____
Name of scanner operator reviewing form_____
Signature_____
Date