

**CU Anschutz Medical Campus Brain Imaging Center**  
**MRI Research Subject Screening Form**

ID# \_\_\_\_\_

Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_ F \_\_\_ O \_\_\_ Height \_\_\_\_\_ in/cm

Allergies: \_\_\_\_\_ Weight \_\_\_\_\_ lbs/kg

Have you ever had a surgical operation or procedure of any kind? Yes No

If yes, please list type of surgery and approximate date: \_\_\_\_\_  
(may use other side of form, if necessary)

Have you ever been injured by a bullet or shrapnel? Yes No

**If yes, is it still inside your body? Yes No If yes, Where?** \_\_\_\_\_

Have you had an injury from a metal object in your eye (metal slivers)? Yes No

**If yes, did you seek medical attention? Yes No**

**Are you pregnant or suspect you may be pregnant? Yes No**

The following items can interfere with MR imaging and some can actually be *hazardous* to your safety.  
Please check (yes/no) if you have any of these items:

**Yes No**

\_\_\_\_\_ **Cardiac Pacemaker, pacing wires, or implanted cardioverter defibrillator (ICD)**

\_\_\_\_\_ **Aneurysm clip or coils (clip on blood vessel in brain)**

\_\_\_\_\_ Clips placed within the gastrointestinal tract (resolution clip, Olympus, etc.)\_when? \_\_\_\_\_

\_\_\_\_\_ Cochlear (ear) implant; list type \_\_\_\_\_

\_\_\_\_\_ Stents, filters or coil (cardiac stents, Greenfield filters, etc.) type: \_\_\_\_\_

\_\_\_\_\_ Shunt (spinal or intraventricular); list type \_\_\_\_\_

\_\_\_\_\_ Any type of prosthesis (eye, penile, etc.); list type \_\_\_\_\_

\_\_\_\_\_ Any implanted devices (bone growth stimulator, medication pump, etc.) type: \_\_\_\_\_

\_\_\_\_\_ Medication patches (Nicotine, Nitroglycerine) *may need to remove*; type: \_\_\_\_\_

\_\_\_\_\_ IUD, diaphragm, or pessary; if yes, (*CopperT, Mirena, Skyla, Liletta safe*) list type \_\_\_\_\_

\_\_\_\_\_ Artificial limb or joint (including hip or knee replacements)

\_\_\_\_\_ Pin, screw, nail, wire, or plate in any bone or joint

\_\_\_\_\_ Body piercing jewelry (*need to remove*)

\_\_\_\_\_ Tattoo or permanent makeup –**MUST BE MORE THAN 6 WEEKS OLD** (*may get hot or burn*)

\_\_\_\_\_ **Braces**, dentures; partial plates; retainer; temporary spacers, (*need to take out of mouth if removable*)

\_\_\_\_\_ Hearing aid (*must be removed*)

\_\_\_\_\_ **Nano-Silver or Copper infused undergarments** (must be removed)

\_\_\_\_\_ Eyeglasses (if needed) please enter prescription \_\_\_\_\_

**Instructions for Research Subjects**

1. You will need to use headphones and/or earplugs that we supply
2. Remove all jewelry (earrings, necklaces, rings)
3. Remove all hair pins, bobby pins, barrettes, hair ties
4. Remove all dentures, partial plates, retainers
5. Empty pockets (cell phone, credit cards, etc)
6. Remove body piercings, eyeglasses, hearing aids, watches

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form.

Signature: \_\_\_\_\_

Signature of Legal Guardian (if minor): \_\_\_\_\_ (relationship) \_\_\_\_\_

Signature of MR Personnel \_\_\_\_\_