

SCREENING FORM FOR PARTICIPANTS BEFORE THE MRI PROCEDURE

Ghent Institute for Functional and Metabolic Imaging



It is mandatory to fill out this document for everyone who participates in MRI research at the GifMI facility. The document is valid for the duration of one scan session. The information is covered by professional secrecy.

RESEARCHER'S NAME:	
STUDY DATE:	STUDY NR:

PARTICIPANT'S NAME:		PHONE NR:
WEIGHT - LENGTH:	KG - CM	DATE OF BIRTH:



MR imaging is based on the use of a powerful magnetic field; this magnetic field is **ALWAYS ON**, even if when the scanner is not in use. Every object that is brought into the MRI scanner room is a potential danger to your health, so may we please kindly ask you to...

- ... complete this list very carefully and truthfully.
- ... follow the instructions of the researcher conscientiously.
- ... remove any item that may contain metal (hearing aid, dentures, glasses, hairclips, mobile phone, watch, keys, wallet, coins, paper clips, pens, lighters, ...) and to empty your pockets.

	YES	NO
Have you ever had brain or heart surgery? If so, please date and describe the procedure.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any electrical/mechanical implants or electrodes in the body (pacemaker, medication pump, vascular clips, shunt, heart valves, hearing aid, ...)? Dental fillings are not a contraindication. If so, please date and describe the implant.	<input type="checkbox"/>	<input type="checkbox"/>
Were your eyes or skin ever injured by metal fragments (maybe by accident, as a metal worker, shrapnel, bullet, knife, ...)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
Only for female participants: is there any chance that you are pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>

If you have potentially useful information that was not addressed above, please report it here:

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Remarks from the researcher:

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Statement of the participant:

"I declare to the best of my knowledge and ability that the above information is accurate and complete. I have read and understood the entire content of this form and I have had the opportunity to ask questions regarding the information on this form."

Participant's signature and date:

Statement of the researcher:

"I declare to have fully informed the participant about the requested information with complete freedom to ask questions."

Researcher's signature and date: