

SCREENING FORM FOR RESEARCHERS

Ghent Institute for Functional and Metabolic Imaging



It is mandatory to fill out this document for every researcher and any of his/her assistants who use the GIFMI MRI facility. The document is valid for the duration of one research project. The information is covered by professional secrecy.

RESEARCHER'S/ASSISTANT'S NAME:	
DATE:	PHONE NR:



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 and the participant's health, so may we please kindly ask you to...

- ... complete this list very carefully and truthfully.
- ... follow the instructions of the MRI site manager and the MRI research assistant.
- ... 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?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please date and describe the procedure.		
.....		
.....		
.....		
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 researchers: 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:

.....
.....
.....

Remarks from the MRI site manager/MRI research assistant:

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.....
.....

Statement of the researcher:

- "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."*
- "I declare to have followed and fully understood the MRI safety training of the GfMI."*

Researcher's/Assistant's signature and date:

Statement of the MRI site manager/MRI research assistant:

- "I declare to have fully informed the researcher/assistant about the requested information with complete freedom to ask questions."*

MRI site manager's/MRI research assistant's signature and date: