



# MRI Screening & Information Form

MBI-FRM-C001-V4

**(Please complete this form in capital letters BEFORE scan and bring with you to MBI on the day of the scan)**

Given Names: ..... Surname: .....

SEX: M / F Date of Birth: ...../...../..... Height (cms) .....Weight (kgs).....

Address: .....

Suburb..... Postcode..... Phone: .....

**Researcher to complete:**

Researcher's Name: ..... Scan Region:  Brain  Other:.....

MBI Project ID: MRH..... XNAT Subject ID ..... Session Number: .....

Biograph MR only  Cima.X  SWOOP

### WHAT IS MRI? ARE THERE ANY RISKS?

Magnetic Resonance Imaging (MRI) uses radio waves and very strong magnetic fields to make detailed pictures of the inside of your body.

There are no known harmful effects, from the either the radio waves or the magnetic field, on your body.

However, some people have electronic devices (such as pacemakers), metal fragments in the eye, or surgically implanted metal objects, which could be badly affected by the strong magnetic field. Attached is a detailed safety questionnaire about such objects to help us decide if there would be any risk to you during an MRI scan.

### PREPARATION

No special preparation is necessary – please eat, drink and take usual medications normally.

Please do not use makeup or hairspray if you are having a scan of the head, face, or neck.

**NOTE: Metallic fibres are often incorporated within fabrics in sports clothing/activewear. These can heat up and cause burns during the scan. You will be asked to change if you wear these types of clothes to your scan.**

### WHAT WILL HAPPEN?

We will review the questionnaire with you to double-check any possible risks. We will then explain the scanning procedure to you and will be happy to answer any questions you may have.

*You can also ring us in advance – 03 9905 0100*

Before the scan you will be asked to take off your watch and any metallic jewellery. You may be asked to change into hospital-style scrubs. Items such as CREDIT CARDS, PAGERS, and MOBILE PHONES MUST NOT be brought into the scan room because they may be severely damaged and may cause injury. A locker will be provided for safekeeping of these objects, other valuables, and clothing.

The MRI machine looks like a large metal doughnut. The table on which you lie passes through the middle of the doughnut. The part of the body being scanned will be positioned at the centre of the doughnut. Cushions and pillows will be provided to make you comfortable on the table, and mirrors will allow you to see out of the scanner.

During the scan, it is normal that you will hear various clicking, buzzing and banging noises but it is important that you keep as still as possible. These noises may become quite loud so headphones and earplugs will be provided in order to protect your ears and music or a movie can be played during some scans. The radiographer and researcher will use the system to communicate with you between the scans and you will also have access to a buzzer if you require immediate attention.

### AFTER THE TEST

Once the scan is completed, you will be free to go from the MRI room. There will be no after-effects from the scan. Although the MRI scans are designed for the research project you are participating in, and do not always show clinical information, these images will usually be viewed and reported by a clinical MRI Radiologist. Please discuss this with your researcher if you have questions about this.



TO ENSURE YOUR SAFETY & COMFORT PLEASE ANSWER THE FOLLOWING:

Have you ever had any eye injury caused by metal? ... NO / YES
If YES:
Did you see a doctor at the time? ... NO / YES
Did they remove the foreign body? ... NO / YES
Did they tell you that they got it all out? ... NO / YES
Was this the last injury involving metal? ... NO / YES

Are you pregnant, suspect you may be pregnant or breastfeeding?.. NO / YES

HAVE YOU EVER HAD AN OPERATION ON YOUR:

Heart or Chest..... NO / YES
Brain..... NO / YES
Eyes ..... NO / YES
Ears..... NO / YES
Spine..... NO / YES

DO YOU HAVE OR HAVE EVER HAD:

A Cardiac pacemaker or defibrillator..... NO / YES
A cardiac valve replacement or cardiac loop recorder or stent or wire ..... NO / YES
Abdominal aneurysm repair or IVC filter ..... NO / YES
Brain aneurysm clips ..... NO / YES
Deep brain stimulator ..... NO / YES
Brain shunt tube ..... NO / YES
Cochlear or stapes implants or grommets ..... NO / YES
Implanted drug infusion devices ..... NO / YES
Neuro or bone growth stimulator ..... NO / YES
Shrapnel bullet or gunshot ..... NO / YES
Any vascular, oesophageal or biliary stents..... NO / YES
Any surgical clips, wire sutures or mesh..... NO / YES
Any joint Replacements, plates, screws or Prosthesis ..... NO / YES
Ocular prosthesis (eye implants) ..... NO / YES

DO YOU HAVE:

A Swan-Ganz Catheter ..... NO / YES
Skin patches ..... NO / YES
Intrauterine device (IUD) ..... NO / YES
A penile prosthesis ..... NO / YES
Any other implant, including a breast tissue expander ..... NO / YES
Tattoos (including eyelids and eyebrows) ..... NO / YES
Hearing Aid/s ..... NO / YES
Removable dentures ..... NO / YES
Any piercings, braces or retainers that CANNOT be removed ..... NO / YES
Hair extensions ..... NO / YES
Glucose monitoring patch for diabetes ..... NO / YES

Have you had an operation or procedure within the last 8 weeks..... NO / YES

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE PHONE MRI RECEPTION ON 99050100 BEFORE ATTENDING

Name..... Date of Birth: ..... / ..... / .....

Signature ..... Date ..... / ..... / .....

If not completed by Subject, the name of the person completing the form .....

Relationship to the Subject ..... Contact number .....

MBI / MRI Staff
Print name..... Signature ..... Date ..... / ..... / .....