MR-PET Screening & Information Form for FDG Studies
PQMS3-MBI-FRM-C005-V1

Please complete BEFORE scan and bring with you to MBI on the day of the scan

WHAT IS MR-PET? ARE THERE ANY RISKS?
An MR-PET scanner is a scanner that combines both MRI and PET imaging simultaneously. 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 either the radio waves or the magnetic field. However, some people have electronic devices (such as cardiac pacemakers), metal fragments in the eye, or surgically implanted metal objects, which could be badly affected by the strong magnetic field.

Positron Emission Tomography (PET) is a highly sensitive molecular imaging technique that uses small amounts of radioactive tracers. These tracers are given by injection, usually into a vein in the arm. The MR-PET scanner is used to obtain images showing the distribution and location of the tracer within the body.

There are no after effects from an MR-PET scan. The amount of radioactivity used for the scan is small and the chance of any side effects is very low.

If there is a chance you may be pregnant or you are breast-feeding you must tell the researcher and nuclear medicine technologist. You MUST NOT attend your appointment with pregnant women or children. It is important to limit close contact with women that are pregnant and young children for 6 hours after your injection.

PREPARATION
Attached is a detailed safety questionnaire to help us decide if there would be any risk to you during an MR-PET scan. Please fill this in and call MBI reception if you answer YES to any question on (03) 990 50100 before your scan appointment.

Day Prior:
• No vigorous exercise (running, weights, gym classes, bike riding) for 24 hour prior
• High protein – low carbohydrate/ low sugar diet for 24 hours prior

Foods to eat: Meats, eggs, leafy vegetables, broccoli, cauliflower, tofu, avocado, hard cheeses
Foods to avoid: Breads, pastas, cereals, potatoes, corn, sweets, deserts, sweet drinks, alcohol

Day of Scan: You must fast for 6 hours before your scan
(This includes no lollies, gums, mints or flavoured water).

You may take your medications if tolerated on an empty stomach (except diabetes medication, see below).
It is important to stay warm – please dress warmly but comfortably in the lead up to and when you come for your scan as this impacts scan image quality – even in summer (long top and long pants).

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

What if I am a diabetic?
Your blood glucose level ideally needs to be below 10mmol/L, and due to the need to fast it is best for you to have a morning scan. You must fast from midnight and must not take your morning insulin. Diabetic patients on oral medications may need to cease taking these for between 6 and 48 hours – individual instructions may be provided by the researcher. If you are having an afternoon scan, or if you are unsure about any instructions then please contact us.

Note: If you are coming from a long distance it is advisable to check your blood sugar before leaving home and informing us of the result if it is above 8mmol/L.

Additional Specific Instructions for Diabetics:
Cease Metformin based diabetes medications for 48 hours prior to your scan.
WHAT WILL HAPPEN?

We will review the questionnaire sheet with you to discuss any possible risks. We will then explain the procedure to you, and will be able to answer any questions you may have.

You can also ring us in advance – (03) 9905 0100

Before you enter the MR-PET scan room you will be asked to take off your watch and any metallic jewellery. You may be asked to change into a hospital-style gown. Items such as CREDIT CARDS, PAGERS, and MOBILE PHONES MUST NOT be brought into the scan room – they may be severely damaged, and may also be hazardous to other persons in the room. A locker will be provided for safe keeping of such objects, other valuables, and clothing.

A needle will be inserted into a vein in your arm. The radiotracer will then be given and scanning may either commence immediately or after a resting period of between 30 and 60 minutes depending on the study you are involved in. Most scans take between 30 to 90 minutes.

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

During the scan, it is important that you keep as still as possible. You will hear various clicking, tapping, buzzing and banging noises during the scan - these are quite normal. They are sometimes quite loud, and headphones or earplugs will be provided to protect your ears. During some scans music can be played through the headphones if you wish.

You will be able to talk to us through an intercom system built into the MR-PET scanner. We will speak to you periodically, through this system, during the scan. However even when we talk to you it is important to remain as still as possible.

AFTER THE TEST

Once the scan is completed, you will be free to go. There will be no after-effects from the scan. You may drive and resume normal activities after an MR-PET scan.

Although the MR-PET scans are setup for the individual research projects and not chosen to show clinical information, they will be viewed and reported by a radiologist and a nuclear medicine physician.

It is important to limit close contact with women that are pregnant and young children for 6 hours after your injection.
PARTICIPANT DETAILS

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

SEX: M / F   Address: ..........................................................................................................

.......................................................... Post Code: ............ Date of Birth: .........../........./..........

Age: .......... Phone: ................................

Your appointment has been scheduled for: Date: ........../........../......... Time: ...... am/pm

Your Contact Person /Researcher’s Name (if known): .................................................................

RESEARCHER & MBI STAFF TO COMPLETE:

MBI Project Number: ...................................................... DaRIS Number: ........................................

Weight: ....................... Kg   Height: ......................cm

Please Note on the Day of the Scan: You must fast for 6 hours before your scan

TO ENSURE YOUR SAFETY & COMFORT PLEASE ANSWER THE FOLLOWING:

PET SAFETY SCREENING INFORMATION

MEDICAL HISTORY:

PET procedures involve the injection of small doses of radioactive pharmaceuticals. The risks of these procedures are very small and are similar to having other radiology procedures like a CT scan. However, the effect on an unborn child is not fully understood. Therefore, it is best not to perform these procedures in pregnant women.

Please think carefully as to whether you may be pregnant.

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

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

If YES please give details:........................................................................................................

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

Do you have diabetes ..................................................................................................................... NO / YES

If YES what medication do you take: Oral  IV

Medication Name.........................................................................................................................

What is your average Blood sugar level?..........................mmol/L

Any Allergies............................................................................................................................... NO / YES

Any Urinary Problems................................................................................................................ NO / YES

Any inflammation or infections.................................................................................................... NO / YES

B.S.L. ...............mmol/L (to be entered by the Nuclear Medicine Technologist)

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Date of issue: 07/06/2016

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**MR SAFETY SCREENING INFORMATION**

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

**Do You Have (Or Have You Ever Had):**

- A Cardiac Pacemaker/stent/defibrillator/wire ............................................................... NO / YES
- Any heart operation or valve replacement .............................................................................. NO / YES
- Any Brain operation ............................................................................................................... NO / YES
- Abdominal Aneurysm repair or IVC filter ................................................................................ NO / YES
- Brain Aneurysm Clips ............................................................................................................. NO / YES
- Deep Brain Stimulator .......................................................................................................... NO / YES
- Brain Shunt Tube , If YES, is it programmable ................................................................. NO / YES
- Any Ear operations /cochlear or stapes implants ................................................................. NO / YES
- Implanted drug infusion devices .......................................................................................... NO / YES
- Neuro or Bone growth stimulator ........................................................................................ NO / YES
- Shrapnel, bullet, gunshot ....................................................................................................... NO / YES
- Any stents, vascular, oesophageal or biliary ......................................................................... NO / YES
- Any Surgical clips/wire sutures/screws/mesh/prosthesis ....................................................... NO / YES
- Joint Replacement or Prosthesis ............................................................................................ NO / YES

**Do You Have:**

- Ocular prosthesis (eye implants) ........................................................................................... NO / YES
- A Swan-Ganz Catheter ........................................................................................................... NO / YES
- Skin patches .......................................................................................................................... NO / YES
- Intrauterine device (IUD) ......................................................................................................... NO / YES
- A penile prosthesis ................................................................................................................ NO / YES
- Any other implant, or breast tissue expander ........................................................................ NO / YES
- Tattooed eyelids or tattoos .................................................................................................... NO / YES
- Hearing Aid ........................................................................................................................... NO / YES
- Removable dentures .............................................................................................................. NO / YES

Have You: ................................................................................................................................. NO / YES

<table>
<thead>
<tr>
<th>What? / When?</th>
</tr>
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<tbody>
<tr>
<td>Had an operation or procedure within the last 8 weeks</td>
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<tr>
<td>Had a history of seizures or epilepsy</td>
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**IF YOU ANSWERED YES TO ANY QUESTIONS PLEASE PHONE MBI RECEPTION
ON (03) 9905 0100 BEFORE ATTENDING**

Have you had a previous MRI or PET Scan ............................................................................... NO / YES

Print Name ..................................................................................................................................

Signed .................................................................................................................. Date ........ / ......../ .......

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

Relationship to the Subject .................................................................................................Contact number (mobile) ........................................

**MBI / MRI Staff**

Print name .................................................. Signature .................................................. Date ..... /...../........

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