

Dartmouth Brain Imaging Center 3T MRI Subject Information and Safety Screening Sheet

Subject Name _____ DartmouthID# _____

Birth Date _____ Weight _____ Height _____

Subject Email _____ Phone # _____

Gender _____ Ethnicity _____

- Have you ever been a machinist, welder or metal worker? Y N
- If yes, did you wear safety glasses at all times? Y N
- Have you ever had a piece of metal in your eyes? Y N
- Do you have a pacemaker or pacemaker wires? Y N
- Do you have an aneurysm clip? Y N
- Do you have a neurostimulator (tens-unit)? Y N
- Do you have any shrapnel in your body? Y N
- Is there a chance you could be pregnant? Y N
- Are you claustrophobic? Y N
- Are you wearing colored contacts? Y N
- Do you have dentures, braces or a non-removable retainer? Y N
- Are you wearing a skin patch (Nicotine, contraceptive, etc.)? Y N
- Do you have a hearing aid? Y N
- Have you had a fractured bone treated with metal rods, plates, or screws? Y N
- Have you had any major surgery? Y N
- If yes, please describe _____

If ANY of the above are answered yes, the study should not be performed until it is reviewed by the imaging center technologist.

Subject cleared to be scanned by Terry Sackett RT(R)(CT)(MR): Y N

Investigator Initials: _____

DO NOT ENTER THE SCAN ROOM WITH ANY OF THESE ITEMS	
Skin Patches (Nicotine, contraceptive, etc.)	Belts/Buckles
Credit/Bank Cards	Wallet/Money Clips
Pens/Pencils	Coins
Hairpins/Barrettes	Safety Pins
Jewelry/Piercings/Subcutaneous Accessories	Watch
Keys	Pocket Knife
Wigs/Hairpiece/Extensions	Eyeliners/Tattoos
Underwire Bra	Magnetic nail polish
Clothing with silver or gold threading	Hair or skin products with iron oxide or glitter
(e.g. Lululemon silverescent)	Please inform the researcher of any tattoos

****** ALL VOLUNTEERS MUST WEAR HEARING PROTECTION DURING ALL SCANS ******

Subject Signature _____

Investigator Signature _____