


Date (mm/dd/yyyy)	/ /	Lab:	MRI Operator:
Name (first last)			



Thank you for participating in research at UW!

The CHN MRI Operator has given you permission to be in the MRI Control Room while your child is being scanned.

WARNING: The MRI system has a very **strong magnetic field** that is dangerous to a person entering the magnet room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. **The magnet is always on!** To ensure the safety of you and your child in the MRI environment, we ask you to please answer the questions below, and also remove all metallic objects before entering the MRI Control Room.

- **No metallic objects can enter the MRI Magnet Room!**
- **You must be screened before entering the MRI Control Room!**
- **No bags, purses, or other items are allowed in the Control Room**

Please Initial Here to acknowledge these rules: _____

→ You can bring your cell phone into the MRI Control room, but please keep it on a counter and remember to not put it in your pocket or bring it into the Magnet Room!

Please answer the following about metallic and electrical objects in your body:			
Have you had a prior surgery or operation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Neuro stimulator?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been injured by a metallic object?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cardiac pacemaker?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Electronic, mechanical, or magnetic implant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Aneurism clip?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Intravascular stents, filters, or shunts?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Hearing aid?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Wig, weave, or hairpiece?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Piercings or jewelry?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have metal anywhere else in your body?			<input type="checkbox"/> No <input type="checkbox"/> Yes

Metallic objects: Please Remove all metallic objects before entering the Control & Magnet Room including hearing aids, keys, eyeglasses, hair pins/clips, jewelry, piercings, watch, wallet, coins, & belts.	
Do you have any metallic or ferromagnetic objects left on you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>I understand if I bring an unsafe object into the MRI Magnet Room it could result in injury to my child, myself, and the research staff.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes

_____ Signature of Parent / Guardian	_____ MRI Operator Signature	<input type="checkbox"/> Metal	<input type="checkbox"/> Safety
		Detector	Review

To Be Completed By MRI Operator

Details of prior surgery or operation:

When was the surgery(s) performed? (note year or approximate year or within last six weeks)

Where there any metallic or other implants left in the participant's body? Yes No

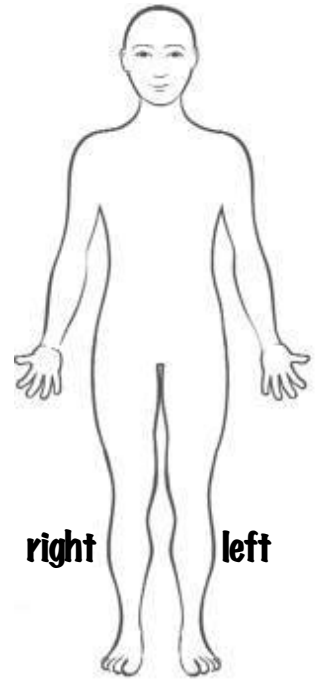
If yes, what? (Indication location on drawing.)

Was this surgery reviewed by CHN staff prior to now? Yes No

CHN Staff safety determination? Okay Not-Okay N/A

Other notes?

Okay to be in Zone 3 or Zone 4? (**No scanning!**) Yes No



MRI Operator Initials: _____