Because certain metallic objects may interfere with the strong magnetic field used for this imaging procedure, and to ensure safe and satisfactory study, it is necessary that you answer the following questions.

**Have you ever:**
- Had a surgery resulting in a metallic implant?
- Been a machinist, welder, metal worker or lathe operator?
- Been hit in the face or eye with a piece of metal? *(including metal shavings, slivers, bullets, or BBs)*
- Had a piece of metal removed from your eye?
- Had a MRI examination?

**Are you:**
- Claustrophobic (do you have a fear of close places)?
- Allergic to any medications?

Please list:

**Do you have any if these?**
- Pacemaker, wires, or defibrillator
- Aneurysm Clips
- Ear implant (cochlear)/ hearing aid
- Electrical stimulator for nerves or bone
- Bullets, BBs, or pellets
- Metal Shrapnel or Fragments
- Infusion pump
- Coil, filter, wire, or stent in blood vessel.
- Orthopedic (plates, screws, pins, rods, wires, etc).
- Artificial Limb or joint
- Eye implant

**Answer the questions below if the participant is receiving gadolinium.**

*Please consult the IRB protocol associated with this project for guidelines related to the use of gadolinium*

- History of renal insufficiency
- History of diabetes
- History of vascular disease
- History of kidney disease
- History of liver disease
- Had a kidney or liver transplant
- Acute kidney injury
- Are you on kidney dialysis
- History of paraproteinemia syndrome
- History of hypertension
- Hepato renal syndrome
- Breastfeeding
- Age 70 and older

If you have answered yes to any of the above questions, please explain:

______________________________

SIGNATURE

______________________________

DATE

MRI OPERATOR’S SIGNATURE

Version Date: 09/10/14