University of Virginia Health System
Radiology & Medical Imaging
Medical Imaging Research

RADIOLOGY DIVISION OF MRI RESEARCH
PATIENT VOLUNTEER SCREENING FORM

IRB Number: _____
Subject ID: _____
Scanner: _____

PRINT NAME: _____ **DOB:** _____ **HEIGHT:** _____ **WEIGHT:** _____

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:	**YES**	**NO**
Had a surgery resulting in a metallic implant? If so, list details below.....	☐	☐
Been a machinist, welder, metal worker or lathe operator?.....	☐	☐
Had an injury to your face or eye involving a piece of metal? (*metal shavings, slivers, bullets, BBs)*.....	☐	☐
Had a MRI examination?	☐	☐

Are you:		
Claustrophobic (do you have a fear of close places)?.....	☐	☐
Allergic to any medications?.....	☐	☐
Please list_____		
Pregnant or possibly pregnant.....	☐	☐

Do you have any if these?	**YES**	**NO**		**YES**	**NO**
Pacemaker, wires, or defibrillator.....	☐	☐	Eyelid or Body Tattoo	☐	☐
Aneurysm Clips	☐	☐	Piercings.....	☐	☐
Ear implant (cochlear)/ hearing aid.....	☐	☐	Implanted catheter, tube, or shunt	☐	☐
Electrical nerve or bone stimulator.....	☐	☐	Artificial heart valve	☐	☐
Bullets, BBs, or pellets.....	☐	☐	Penile prosthesis.....	☐	☐
Metal Shrapnel or Fragments.....	☐	☐	False teeth, retainers, or braces	☐	☐
Infusion/insulin pump or external monitor	☐	☐	Magnetic implant anywhere.....	☐	☐
Coil, filter, wire, or stent in blood vessel.	☐	☐	Diaphragm or intrauterine device.....	☐	☐
Orthopedic (plates, screws, pins, rods, wires, etc)..	☐	☐	Surgical clips, staples, wires, or sutures	☐	☐
Artificial Limb or joint	☐	☐	Dermal/medication patches	☐	☐
Eye implant	☐	☐	Tissue Expander.....	☐	☐

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.....	☐	☐	Are you on kidney dialysis.....	☐	☐
History of diabetes.....	☐	☐	History of paraproteinemia syndrome.	☐	☐
History of vascular disease.....	☐	☐	History of hypertension.....	☐	☐
History of kidney disease.....	☐	☐	Hepato renal syndrome	☐	☐
History of liver disease.....	☐	☐	Breastfeeding	☐	☐
Had a kidney or liver transplant.....	☐	☐	Age 70 and older	☐	☐
Diabetic Neuropathy.....	☐	☐			

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

_____

_____

SIGNATURE _____ **DATE** _____

MRI OPERATOR'S _____