Swansea University

**MRI Procedure – Volunteer Safety Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | …………………………………. | Address: | ……………………………………… |
| Forenames: | …………………………………. |  | ……………………………………… |
| Date of birth: | ………………..............… |  | ……………………………………… |
| Weight: | ………………… Height………..... |  | ……………………………………… |
| 378px-Ambox_warning_yellow | **WARNING:** Due to the presence of the strong magnetic field certain implants, devices or objects may be hazardous to you and/or may interfere with the MR procedure. DO NOT ENTER the Magnet Room or the MR environment if you have any question or concern regarding an implant, device or object. Consult a member of MRI staff BEFORE entering the Magnet Room. The MR system magnet is ALWAYS on. |

|  |  |
| --- | --- |
| **Please answer the following questions:** | **Tick and Initial** |
| ***Yes*** |  ***No*** |
| ***1.*** | ***Do you understand that this is a research scan and is not useful for diagnosis?***  | **⬜** | **⬜** |
| ***2.*** | ***Do you understand the associated risk of voluntary participation?*** | **⬜** | **⬜** |
| ***3.*** | ***Do you allow us permission to contact your GP in regards to your scan?*** | **⬜** | **⬜** |
|  |  |  |  |
| 4. | Have you had an MRI procedure before? | ⬜ | ⬜ |
|  | If **YES**, please provide details:  |
| 5. | Do you have, or ever have had, a cardiac pacemaker, pacing wires, an artificial heart valve, cochlea implant, hearing aids, programmable hydrocephalus shunt or neuro stimulator? | ⬜ | ⬜ |
|  | If **YES**, please provide details:  |
| 6. | Have you ever had any heart or head surgery? | ⬜ | ⬜ |
|  | If **YES**, please provide details:  |
| 7. | Have you ever had any surgery involving the use of metal implants, plates or clips? | ⬜ | ⬜ |
|  | If **YES**, please provide details:  |
| 8. | Have you had any surgery within the last two months? | ⬜ | ⬜ |
|  | If **YES**, please provide details:  |
| 9. | Have you EVER had any metal fragments in your eyes? | ⬜ | ⬜ |
|  | If **YES**, please provide details:  |
| 10. | Have you EVER had any metal fragments in any other part of your body? e.g. bullets, shrapnel, weld? | ⬜ | ⬜ |
|  | If **YES**, please provide details:  |
| 11. | Do you wear dentures, a dental plate with/without metal or a brace (NOT FILLINGS)? | ⬜ | ⬜ |
|  | If YES, please provide details: |
| 12. | Do you have any of the following? |
|  | Tattoos | ⬜ | ⬜ |
|  | Piercings/ Body Jewellery | ⬜ | ⬜ |
|  | Limb or Prosthesis | ⬜ | ⬜ |
|  | Medicine Patches e.g HRT, Nicotine replacement, Pain relief, Nitro patch  | ⬜ | ⬜ |

**For female patients only:**

|  |  |  |  |
| --- | --- | --- | --- |
| 13. | Is there a possibility that you could be pregnant? | ⬜ | ⬜ |
| 14.  | Are you breast-feeding? | ⬜ | ⬜ |
| 15. | Do you have an IUD coil fitted?If YES, please provide details: | ⬜ | ⬜ |

**PATIENT DECLARATION**

By signing below you acknowledge that:

1. You confirm that the information provided is accurate to the best of your knowledge.
2. You have had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that you are about to undergo
3. BEFORE entering the Magnet Room you will remove ALL metal objects including coins, jewellery, hair pins, body piercing, false teeth, hearing aids, pens, tools, analogue watches and credit cards.
4. You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.
5. As a research site, your data maybe anonymised and added to the secure research data base at the University.

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| --- | --- | --- | --- |
| **Signature:**  | ………………………………………… | **Date:**  | …………………………… |

**(Office use only) Checked by**: ………………………………… **Date:** .......................................