



GSU/GT Center for Advanced Brain Imaging

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Magnetic Resonance Imaging Contraindication Screening Form-Adult Version

Note: Form should be completed and emailed to cabi-support@gatech.edu to have scan session approved on the Booked calendar.

COINS Study Name: _____

PI Last Name: _____

Participant URSI: _____

Date/Time of Scan: _____

Date/Time of Screening: _____

Research Personnel's Name: _____

Script for Research Staff:

MRI can be dangerous for people with certain conditions. MRI uses a very strong magnet that may cause metal objects in your body to move around and cause injury. Please answer the following questions to the best of your ability. This information will help us determine whether you can safely enroll in the study.

MRI EXPERIENCE

Have you ever had an MRI? If so, why?

____ Yes ____ No

If yes, did you experience any complications during MRI? If yes, please explain.

____ Yes ____ No

MRI SAFETY QUESTIONS

If the answer is **YES** to any of these questions, it **MAY NOT BE SAFE** for you to receive an MRI.

Do you have any of the following: cardiac pacemaker, ferromagnetic aneurysm clip, neurostimulator, joint replacement, blood clot filter, hearing aids, cochlear implant, prosthetic, insulin pump or any other implant?

____ Yes ____ No

{The high magnetic field interferes with the proper functioning of pacemakers. Metal implants may be bent, pulled out of place, heat up and may cause internal damage.}

Do you have any metal in your body or eyes? This includes pins, screws, shrapnel, plates, and braces on his/her teeth, dentures, dental bridges, dental implants, and IUD.

____ Yes ____ No

{Metal implants may be bent or pulled out of place or heat up. For instance, shrapnel from an old car wreck wound left lodged near vital organs may be pulled by the magnet. These effects could cause internal damage.}

Are you claustrophobic?

____ Yes ____ No

{The MRI scanner is a very narrow enclosed space. It has been compared to a tanning bed or torpedo tube. For brain MRI, the coil [or helmet like device your head is placed in] will be mere centimeters—possibly less—from the tip of your nose. Your head is placed in padding to help you hold it as still as possible. You should be aware that this is an extremely confined space, and you will need to lie still for an hour or more. However, you can get out of the magnet at any time during the experiment if you feel seriously uncomfortable.}

<p>Do you have any orthopedic issues such as arthritis or back pain that would make it difficult for you to sit or lie still for at least an hour or to use a keyboard?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{This study requires that you lie very still for an hour or more. It may not be appropriate for you to participate in this study if this is not comfortable for you.}</i></p>
<p>Do you have a large frame?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{Because the space is so narrow (~60cm diameters), it may not be safe for people to receive an MRI who are over 300lbs and/or have a shoulder width greater than 50cm.}</i></p>
<p>Do you wear a medicated adhesive patch?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{Medicated adhesive patches with metal backing may heat up and burn the skin during MRI. You may be asked to remove the patch during MRI if possible.}</i></p>
<p>Do you have any non-removable jewelry, facial piercing, or artificial cosmetics enhancements (i.e. hair extensions, magnetic eyelashes, etc.)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{Permanent makeup and metal jewelry made of materials like surgical steel may heat up and become uncomfortably warm.}</i></p>
<p>Do you have any tattoos or permanent makeup?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{Some tattoo dyes contain metal fragments that may heat up and become uncomfortably warm or cause swelling.}</i></p>
<p>Do you have now (or ever had) any of the following? Epilepsy, a seizure, loss of consciousness for more than a few seconds, or brain damage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{If so, the completion of a special seizure protocol by your doctor may be required before you can be in this study.}</i></p>
<p>Are you pregnant or breastfeeding?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>{WOMEN OF CHILDBEARING POTENTIAL WHO ARE CONSIDERING BEING IN THIS STUDY SHOULD ESPECIALLY <i>NOTE</i>: THE RISK TO FETUSES FROM EXPOSURE TO MRI ARE CURRENTLY UNKNOWN.}</p>
<p align="center">HEALTH QUESTIONS</p> <p><i>Eligibility based on the following health questions is study dependent. Please review study inclusion criteria.</i></p>
<p>Have you ever had brain surgery?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{Note that un-retrieved device fragments may become dislodged and cause internal damage.}</i></p>
<p>Have you had any type of surgery in the last 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any of the following conditions? Sick cell anemia, Bipolar Disorder, Schizophrenia, Multiple Sclerosis, motion Disorder?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a history of stroke or heart attack?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Do you have now (or ever had) any of the following? ADD/ADHD or any other neurological or psychological disorder?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been seen by a neurologist, psychiatrist, or psychologist (not counselor)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you take tranquilizers, sleeping pills, anxiety or depression medication, or other psychological medications?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have now (or ever had) any of the following? Heart disease, anemia, untreated diabetes, or untreated high or low blood pressure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you use recreational drugs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you ever used or abused alcohol?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have now (or ever had) untreated respiratory problems (e.g., severe asthma, emphysema)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have now (or ever had) any of the following vision conditions? Untreated cataracts, untreated glaucoma or macular degeneration?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{Most studies require responses to visual cues or instructions, so normal vision is usually required. In these studies, contact lens corrected vision is considered the same as normal vision}.</i></p>
<p>Do you need glasses and cannot wear contact lenses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{Most studies require responses to visual cues or instructions, so normal vision is usually required. In these studies, contact lens corrected vision is considered the same as normal vision. If you do not wear contact lenses you may be required to wear special glasses.}</i></p>
<p>Do you have any hearing difficulties?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{Most studies require responses to auditory cues or instructions, so normal hearing is usually required. You might be asked about your hearing in each ear.}</i></p>
<p>Have you been vaccinated for COVID-19?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{CABI strongly encourages anyone who is unvaccinated to wear a mask while in the Center.}</i></p>
<p>Do you have any other physical or mental concerns that you have not mentioned so far?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>{It is important that you let us know if you have any medical concerns that may impact your ability to participate in the study.}</i></p>
<p>Please let us know if you have any questions or concerns regarding your participation in the study.</p> <p>THANK YOU FOR YOUR INTEREST</p>