



GSU/GT Center for Advanced Brain Imaging

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Magnetic Resonance Imaging Contraindication Screening Form-Child 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 child's 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 your child can safely enroll in the study.

MRI EXPERIENCE

Has your child ever had an MRI? If so, why?

____ Yes ____ No

If yes, did they 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 your child to receive an MRI.

Does your child 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.}

Does your child have any metal in their 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.}

Is your child claustrophobic?

____ Yes ____ No

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

<p>Does your child have any orthopedic issues such as arthritis or back pain that would make it difficult for them 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 your child lie very still for an hour or more. It may not be appropriate for them to participate in this study if this is not comfortable for them.}</i></p>
<p>Does your child 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>Does your child 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>Does your child 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>Does your child 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>Does your child 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 your child can be in this study.}</i></p>
<p>Is your child currently 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 NOTE: 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>Has your child 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>Has your child had any type of surgery in the last 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your child have any of the following conditions: Sickle cell anemia, Bipolar Disorder, Schizophrenia, Multiple Sclerosis, Motion Disorder?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your child have a history of stroke or heart attack?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Does your child 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>Has your child ever been seen by a neurologist, psychiatrist, or psychologist (not counselor)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your child take tranquilizers, sleeping pills, anxiety or depression medication, or other psychological medications?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your child 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>Does your child use recreational drugs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your child use or abuse alcohol?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does your child 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>Does your child 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>Does your child 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. If your child does not wear contact lenses they may be required to wear special glasses.}</i></p>
<p>Does your child 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 child's hearing in each ear.}</i></p>
<p>Have you and your child 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>Does your child 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 your child has any medical concerns that may impact their 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>