MONASH University
Biomedical Imaging

Phone: 03 9905 0100 manager.mbi@monash.edu

MRI Screening & Information Form

Please complete BEFORE scan and bring with you to MBI on the day of the scan

MBI-FRM-C001-V2

Surname: …… Given Names:……

Address: ……..

Suburb……Post Code……

SEX: M / F Date of Birth: ……/……/…… Phone:……..

Researcher to complete:

Researcher's Name: …… Scan Region: ☐ Brain ☐ Other:……..

MBI Project ID: MRH…….. XNAT Subject ID …… Session Number: ……

WHAT IS MRI? ARE THERE ANY RISKS?

Magnetic Resonance Imaging (MRI) uses radio waves and very strong magnetic fields to make detailed pictures of the inside of your body.
There are no known harmful effects, from the either the radio waves or the magnetic field, on your body.
However, some people have electronic devices (such as cardiac pacemakers), metal fragments in the eye, or surgically implanted metal objects, which could be badly affected by the strong magnetic field. Attached is a detailed safety questionnaire about such objects, to help us decide if there would be any risk to you during an MRI scan.

PREPARATION

No special preparation is necessary – please eat, drink and take usual medications normally.
Please do not use makeup or hairspray if you are having a scan of the head, face, or neck.

WHAT WILL HAPPEN?

We will review the questionnaire sheet with you, to double-check any possible risks.

We will then explain the scanning procedure to you, and will be happy to answer any questions you may have.
You can also ring us in advance – 9905 0100

Before you enter the MRI scan room, you will be asked to take off your watch and any metallic jewellery. Occasionally you may be asked to change into a hospital-style gown. Items such as CREDIT CARDS, PAGERS, and MOBILE PHONES MUST NOT be brought into the scan room – they may be severely damaged, and may also be hazardous to other persons in the room. A locker will be provided for safekeeping of such objects, other valuables, and clothing.

The MRI machine looks like a large metal doughnut. The table on which you lie passes through the middle of the doughnut; the part of the body being scanned must be positioned at the centre of the doughnut. Cushions and pillows will be provided to make you comfortable on the table, and mirrors will allow you to see out of the "doughnut".

During the scan, it is important that you keep as still as possible - particularly when the scanner is making noises. You will hear various clicking, tapping, buzzing and banging noises during the scan - these are quite normal. They are sometimes quite loud, and headphones or earplugs will be provided to protect your ears. Music or a movie can be played during some scans. At all times, you will be able to talk to us through an intercom system built into the MRI machine. We will speak to you periodically, through this system, throughout the scan.

AFTER THE TEST

Once the scan is completed, you will be free to get dressed and go. There will be no after-effects from the scan. Although the MRI scans are setup for the individual research projects and not chosen to show clinical information, they will be viewed and reported by an MRI radiologist.

MONASH University
Biomedical Imaging

Phone: 03 9905 0100 manager.mbi@monash.edu

Name: ……..... Age: ……

Weight: ..... Kg Height : ..... Date of Birth: ..... /..... /.....

TO ENSURE YOUR SAFETY & COMFORT PLEASE ANSWER THE FOLLOWING:

Have you ever had any eye injury caused by metal? .....NO / YES
If YES:
- Did you see a doctor at the time? .....NO / YES
- Did they remove the foreign body? .....NO / YES
- Did they tell you that they got it all out? .....NO / YES
- Was this the last injury involving metal? .....NO / YES

Are you pregnant, suspect you may be pregnant or breastfeeding? .....NO / YES

Do You Have (Or Have You Ever Had):

A Cardiac Pacemaker/stent/defibrillator/wire .....NO / YES
Any heart operation or valve replacement .....NO / YES
Any Brain operation .....NO / YES
Abdominal Aneurysm repair or IVC filter .....NO / YES
Brain Aneurysm Clips .....NO / YES
Deep Brain Stimulator .....NO / YES
Brain Shunt Tube , ...NO / YES
- If YES, is it programmable .....NO / YES

Any Ear operations /cochlear or stapes implants .....NO / YES
Implanted drug infusion devices .....NO / YES
Neuro or Bone growth stimulator .....NO / YES
Shrapnel, bullet, gunshot .....NO / YES
Any stents, vascular, oesophageal or biliary .....NO / YES
Any Surgical clips/wire sutures/screws/mesh/prosthesis .....NO / YES
Joint Replacement or Prosthesis .....NO / YES

Do You Have:

Ocular prosthesis (eye implants) .....NO / YES
A Swan-Ganz Catheter.....NO / YES
Skin patches .....NO / YES
Intrauterine device (IUD) .....NO / YES
A penile prosthesis .....NO / YES
Any other implant, or breast tissue expander .....NO / YES
Tattooed eyelids or tattoos .....NO / YES
Hearing Aid .....NO / YES
Removable dentures .....NO / YES
Any Piercings or braces that CANNOT be removed .....NO / YES
Hair Extensions .....NO / YES

Have You:		**What? / When?**
Had an operation or procedure within the last 8 weeks	NO / YES	.....
Had a history of seizures or epilepsy	NO / YES	.....

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE PHONE MRI RECEPTION ON 99050100 BEFORE ATTENDING

Have you had a previous MRI .....NO / YES

Print Name…….....……

Signature ……..…….. Date ..... /……/ ……

If not completed by Subject, the name of the person completing the form ....….....

Relationship to the Subject ……Contact number .....

MBI / MRI Staff

Print name…….....…… Signature ……..…….. Date ..... /…../……