

1.5 T MRI OPERATOR

This form to be used for FINAL CHECK of research subjects before entering MRI suite.

Principal Investigator / Lab _____ Subject Number _____ Weight (Kg)___

Date of MRI study_____ Operator _____

Review the 'MRI RESEARCH SUBJECT PRE-SCREENING FORM' with the participant.

If any of the questions 1-8 or 16 are ticked "yes" the participant CAN NOT enter the scanner.

If any of the questions 9-15 or 17 are ticked "yes" please exercise extreme caution, seek further information and if at all unclear ask for advice from the centre directorate.

If questions 18 or 19 are "no" or if 20 is not initialled, the participant CAN NOT be scanned.

The operator should consult the Centre Safety Manual to assure that the participant meets all MRI safety criteria.

Last-minute checks.....

- | | | | |
|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | All pockets are empty (turn out?) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Watch / Jewelry |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Keys / coins anywhere? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Belt |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Carrying pen/pens? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Metal Buttons |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Credit cards, Oyster card, etc | <input type="checkbox"/> Yes <input type="checkbox"/> No | Clothing with metal (underwire bra) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Paper clips | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shoes with metal shank / toecap |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Safety pins | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing aid |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Piercings | <input type="checkbox"/> Yes <input type="checkbox"/> No | Removable dentures |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Glasses | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nicotine or other patch |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hair pins / barrettes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Implant held in place by a magnet |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wigs | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has used the toilet |

Use the metal detector

Ear plugs or headphones in place and working