



3.0 T MRI Procedure Screening Form for Animals

The MRI system has a very strong magnetic field that may be hazardous to animals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all animals are required to have this form completed BEFORE entering the MR environment or system room. **Be advised, the MRI system magnet is ALWAYS on.**

Questions about this form or the INST screening process ,please call 325-8739.

Participant Information

Date: ___/___/___ Principal Investigator / Veterinarian _____ IACUC Number _____

Animal Name: _____ Owner: _____

Animal Type: Research Clinical Species: _____ Age: _____ Breed: _____ Weight: _____

Screening Information

1. Has the animal had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? Yes No
If yes, please indicate date and type of surgery: Date: ___/___/___ Type of surgery _____
2. Has the animal had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? Yes No
If yes, please describe: _____
3. Has the animal ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)? Yes No
If yes, please describe: _____
4. Is the animal currently taking or have recently taken any medication? Yes No If
yes, please list: _____
5. Does the animal have drug allergies or had an allergic reaction? Yes No
If yes, please describe: _____
6. Has the animal had a prior diagnostic imaging study or examination? Yes No If
yes, please list:

	Body Part	Date	Facility
MRI	_____	___/___/___	_____
CT/CAT Scan	_____	___/___/___	_____
X-Ray/ fluoroscopy	_____	___/___/___	_____
7. Has the animal had a full body image to screen for metal objects prior to coming to INST? Yes No
If yes, please provide the date: _____
7. Has the animal experienced any problem related to a previous MRI examination or MR procedure? Yes No
If yes, please list: _____
8. Does the animal have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? Yes No

For female animals:

10. Is the animal pregnant or is there a possibility of pregnancy? Yes No

Important Instructions

Before entering the MR environment or MR system room, the animal must not have any metal objects on their body.

The animal may be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.



Warning: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

Some of the following items may be hazardous to the animal's safety or may interfere with the MRI exam. Please check the correct answer for each of the following. If you check yes, please give more information. (E.g. Type of material? How long ago?) Use the diagram to indicate the location on the animal's body.

- | | | | | | |
|-----|----|--|-----|----|--|
| Yes | No | Aneurysm clip (s) | Yes | No | Bone growth/bone fusion stimulator |
| Yes | No | Cardiac pacemaker | Yes | No | Metallic stent, filter, or coil |
| Yes | No | Vascular access port or catheters | Yes | No | Shunt (spinal or intraventricular) |
| Yes | No | Venous umbrella/IVC filter/Greenfield filter | Yes | No | Medication patch (Nicotine, Nitroglycerine) |
| Yes | No | Electronic implant or device | Yes | No | Any metallic fragment or foreign body |
| Yes | No | Magnetically-activated implant or device | Yes | No | Hernia repair (mesh patch) |
| Yes | No | Neurostimulation system | Yes | No | Wire mesh implant |
| Yes | No | Spinal cord stimulator | Yes | No | Tissue expander (e.g., breast) |
| Yes | No | Insulin or other infusion pump | Yes | No | Surgical staples, clips, or metallic sutures |
| Yes | No | Implanted drug infusion device | Yes | No | Bone/joint pin, screw, nail, wire, plate, etc. |
| Yes | No | Implant held in place by a magnet | Yes | No | Wire sutures or surgical staples |
| Yes | No | Any type of prosthesis or implant | Yes | No | Joint replacement (hip, knee, etc.) |
| Yes | No | Electrodes (on body, head, or brain) | Yes | No | IUD, diaphragm, or pessary |
| Yes | No | Artificial or prosthetic limb | Yes | No | Dentures, partial plates, or braces |
| Yes | No | Any metallic fragment or foreign body | Yes | No | Tattoo |
| Yes | No | Any external or internal metallic object | Yes | No | Breathing problem |
| Yes | No | Internal electrodes or wires | Yes | No | Other implant _____ |
| Yes | No | Harrington rods (spinal rod) | | | |

Please mark on the figures below the location of any implant or metal inside of or on the animal's body.



I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____ Date: ___/___/___

Form Information Reviewed By: _____ Date: ___/___/___

MRI Technician Nurse Radiologist Other _____

