***Confidential***

**Research Magnetic Resonance Imaging (MRI)**

**Risk Acknowledgement Screening Form**

*All persons MUST complete and submit this form prior to entry into the MR Location or as directed.*

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| **Date** (mm/dd/yyyy)**: \_\_\_\_\_\_**  | **Name:** **\_\_\_\_\_\_** | **DOB: \_\_\_\_\_\_** |
| **Employee ID: \_\_\_\_\_\_**  | **Daytime Phone: \_\_\_\_\_\_ Department: \_\_\_\_\_\_**  |

The MR system has a very strong magnetic field that is ON at all times.

The following conditions may put you at risk in the MRI room.Any changes in any of these listed conditions or any other conditions that can impact entrance into the MRI room, **MUST** be reported.

1. **Prior surgery or an operation involving metal objects** Examples: aneurism (clips), Cardiac pacemaker, implanted cardioverter defibrillator (ICD), cardiac (heart) stent, any other vascular stent, etc.
2. **Other Implant Devices** Examples: Cochlear implant or implanted hearing aid, drug-infusion pump (including Insulin infusion pump), any other electronic implant device.Other implants**:** Artificial or prosthetic limb, any type of pin, nail, wire or prosthesis, etc.
3. **Neurostimulation system**
4. **Spinal cord stimulator**
5. **Any injury to eye** that might have involved metallic slivers or foreign body.
6. **Other bodily injury** by a metallic object or foreign body Examples: BB, bullet, shrapnel, etc.
7. **Any metallic fragment** or foreign body
8. **Any external or internal** metallic object
9. **Pregnant** or suspect that you are pregnant

If you have any of the conditions listed above, or any questions regarding your presence in the facility and the potential effects on your health, please reach out to the Occupational Health group at ASU Employee Health.

Email: employeehealth@asu.edu

Phone: 602-496-1917

Address: 1492 S. Mill Ave, Suite 105

Tempe, AZ 85281

<https://cfo.asu.edu/employeehealth>

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| [ ]  | I have reviewed the above information and acknowledge the risks that may potentially occur as a result of exposure to the strong magnetic field that may be present during my time in the MR environment. *Give this form to MR Staff or email at Preclinical@asu.edu.* |
| ***I affirm that I have had the opportunity to have my questions regarding the MRI risks addressed.*** |
| **Entrant’s signature:**  | **Date:**       |
| **MR staff person’s name (printed):**  | **Date:**       |