WSU 7T
MR Safety Screening Form for PIs and their staff

Information:
Name: __________________________ Study: ____________________ PI ________________

The radio frequency pulses used in MR may deprogram electronic devices or cause heating of certain metals; the strong magnetic fields used may cause ferromagnetic metals to move and may interact with metal in such a way that large artifacts are produced in the images. No one with such implants should go in the scanner room.
Therefore:

**Contraindications or Potential Contraindications to MR:**

1. Implanted electronic devices - i.e. pacemakers, auto-defibrillators
2. Metallic fragments in the eye or worked with ground metal
3. Cochlear implants
4. Metallic prosthesis (i.e. hip replacement, metal shank for false eye)
5. Cerebral aneurysm clips
6. Metallic implants (i.e. stents, coils, inferior vena cava filters, penile prostheses)
7. Bullets or shrapnel
8. Pregnancy
9. Any other metallic or battery operated objects inside the body

Staff signature __________________________________________ Date ____________

PI signature ____________________________________________ Date ____________

*The PI is responsible for the safety of his/her staff and any damages to the lab or magnet while using the 1.5T, 3T, 4.7T or 7T resources.*

MRI Manager or MRI Designated Staff Reviewer

Signature __________________________________________ Scanner ________ Date ____________