The MR suite contains a very strong magnet. Some metal objects can interfere with your child’s scan or even be dangerous. Before your child is allowed to enter, we must know if they have any metal objects in their body or have experienced any of the conditions listed below.

Please indicate if your child has any of the following:

- Yes □ No □ Metal in skin, head or eyes
- Yes □ No □ Epilepsy or history of seizure
- Yes □ No □ Sickle cell anemia or blood disorder
- Yes □ No □ Parkinson/Dementia/Alzheimer’s
- Yes □ No □ Cardiac pacemaker
- Yes □ No □ Implantable cardioverter defibrillator (ICD)
- Yes □ No □ Heart valve prosthesis
- Yes □ No □ Metallic stent, filter, or coil
- Yes □ No □ Vascular access port and/or catheter
- Yes □ No □ Electric or Mechanical implant or device
- Yes □ No □ Magnetic implant or device
- Yes □ No □ Aneurysm clip(s) or Spinal cord stimulator
- Yes □ No □ Shunt (spinal or intraventricular)
- Yes □ No □ Wire mesh implant
- Yes □ No □ Insulin or other infusion pump
- Yes □ No □ Internal electrodes or wires
- Yes □ No □ Radiation seeds or implants
- Yes □ No □ Swan-Ganz or thermocoolation catheter
- Yes □ No □ Surgery
- Yes □ No □ Surgical staples, clips, or metallic sutures
- Yes □ No □ Bone/joint pin, screw, nail, wire, plate, etc.
- Yes □ No □ Joint replacement (hip, knee, etc.)
- Yes □ No □ Artificial or prosthetic limb
- Yes □ No □ Bone growth/bone fusion stimulator
- Yes □ No □ Any type of prosthesis (eye, penile, etc.)
- Yes □ No □ Tissue expander (e.g., breast)
- Yes □ No □ Eyelid spring or wire
- Yes □ No □ Hearing aid
- Yes □ No □ Cochlear, otologic, or another ear implant
- Yes □ No □ Medication patch (Nicotine, Nitroglycerine)
- Yes □ No □ Dentures, partial plates, or braces
- Yes □ No □ Tattoo or permanent makeup/eyeliner
- Yes □ No □ Amateur or prison tattoo
- Yes □ No □ Shrapnel, bullet, or metallic foreign body
- Yes □ No □ IUD, diaphragm, or pessary
- Yes □ No □ Pregnant or breastfeeding
- Yes □ No □ Jewelry that cannot be removed
- Yes □ No □ Artificial cosmetic enhancements (hair, extensions, magnetic eyelashes, nail polish etc.)

Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MRI scanner.

NOTE: Your child may be advised or 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 your child and/or may interfere with the MR procedure (i.e. MRI, functional MRI, MR spectroscopy). They should NOT enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist BEFORE they enter the MR system room. The MR system magnet is ALWAYS ON.
## IMPORTANT INSTRUCTIONS FOR YOUR SAFETY

Before entering the MR environment, your child must remove all metallic objects including hearing aids, dentures, removable partial plates, keys, beeper, mobile phone, eyeglasses, hair pins, barrettes, jewelry, body piercing, watch, safety pins, paper clips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocketknife, nail clipper, tools, shoes, clothing with metal fasteners (excluding pants & bra).

### Name of Participant:

<table>
<thead>
<tr>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Weight (Pounds)</th>
<th>Height (Feet, Inches)</th>
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I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

<table>
<thead>
<tr>
<th>Signature of Person Completing Form:</th>
<th>Date (MM/DD/YYYY)</th>
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Form Completed by: **Participant** **Relative**

If relative, print your name: ____________________________  State your relationship to participant: ____________________________

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Notes on any checked items:

- COINS Study Name: __________
- Principal Investigator: __________
- Researcher(s): __________
- Person obtaining screening: __________
- Screening date & time: __________

January 2021