

	<b>Aalto University</b> School of Science	<b>AMI Centre, Safety and operation instructions</b>	<b>Author, date:</b> Toni Auranen, 17.4.13
		<b>Appendix 6</b> <b>SAFETY SCREENING</b>	<b>Edited by, date:</b> Tuomas Tolvanen, 17.4.13

## AMI CENTRE SAFETY SCREENING FORM

The strong magnetic field of the MR system will attract metallic objects and pull them into the magnet with great force. This can cause serious injury to the patient or anyone in an object's flight path. It is therefore vital that you remove any metallic objects before your MRI exam, including jewelry (also gold), hearing aids, glasses, hair pins, metal braces on teeth, watches, belts, keys, coins, cell phones, and credit cards.

If you have any kind of metal fragments in your body you should not have an MR scan without further safety controls. This includes any electronic, magnetic or mechanical implants (such as a cardiac pacemaker, infusion pumps or cochlear implants), aneurysm clips in your brain or other surgical clips, prostheses (such as artificial heart valves or dentures), intrauterine device (IUD), or any other kind of metal inside your body. The strong magnetic field inside the magnet room will pull on any metallic object in the body. There is therefore a risk of the object moving or being dislodged, possibly causing serious injury. Metallic objects can also heat up during the scan causing tissue burns.

Metal workers and war veterans might have dangerous metal fragments in their eyes or elsewhere in their body and should not be examined using MRI before having been examined using other methods. If you have permanent eye make-up or large tattoos MR scanning might cause skin irritation. You should remove eye make-up before scanning, because it may warm tissues nearby. Consult a physician if serious skin irritation occurs after the MRI exam.

Both earplugs and cups are used for hearing protection. The earplugs, when correctly in place, are deep in the ear canal and environmental sounds are clearly attenuated. In case the noise level feels uncomfortable, contact the staff immediately.

### Safety Questionnaire

Please answer all the questions listed below. In uncertain cases contact the researcher in charge, \_\_\_\_\_ before imaging.

Do you have any of the following:

	Yes	No	Don't know
cardiac pacemaker			
infusion pump			
aneurysm clip(s) or shunt			
cochlear implant			
other surgical clips			
heart valve prosthesis			
dentures, metal braces on teeth			
any other type of prosthesis			
any other metal in the body			
permanent make-up (e.g. eye-liner, mascara)			
tattoos			
neurostimulator			
fever			
serious breathing difficulties under exercise			
body piercing			
medicated plaster (e.g. nicotine plaster)			
intrauterine device (IUD)			

	Yes	No
Are you pregnant/breast feeding		
Have you ever worked with metal (grinding, fabricating, etc.)		

I have read the text on the opposite page.

The purpose and procedure of this examination has been explained to me beforehand. I have been given the opportunity to ask the researcher in charge questions about the procedures and I have been given answers to my questions. I understand the contraindications to this investigation and I have notified the researcher about such by filling in the safety questionnaire in this form.

\_\_\_\_\_  
Place and time

\_\_\_\_\_  
Signature of person completing the form (and clarification of signature)

\_\_\_\_\_  
The identity number and address of the person completing the form

\_\_\_\_\_  
Signature of researcher in charge (and clarification of signature)