

3.0 T MRI OPERATOR CHECKLIST

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This form to be used for: Last minute checks by MRI scanner operator immediately before subject enters the scan room

Instructions for completing this form, and duplicate forms available from <http://cfmri.ucsd.edu/forms.html>

Principal investigator / Lab _____ Subject Number _____ Weight _____

IRB protocol # _____ Date of MRI study ____ / ____ / ____ Time of MRI study _____

Operator _____



Certify that there are no absolute contraindications to MRI.....

1. Yes No Do you have a heart pacemaker?
2. Yes No Is there a possibility of metal in your head? (e.g. aneurysm clips, do not include dental work)
3. Yes No Is there a possibility of metal in your eyes or have you ever needed an eyewash having worked with metals?
4. Yes No Do you have an implanted medical device? (cochlear implant, metal ear tubes, tens unit, bone stimulator, insulin or other medication pump, automatic defibrillator, internal pacing wires).
5. Yes No Have you had any metallic dental implants (posts, crowns) within the last 6 weeks?
6. Yes No Have you had any bone, tendon, spine or joint surgery within the last 6 weeks?
7. Yes No [Research subjects only:] Do you weigh more than 300 lbs (135 kg)?

***** If any of the above are checked "yes, the subject CAN NOT enter the scanner *****



Last-minute checks.....

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No All pockets are empty | <input type="checkbox"/> Yes <input type="checkbox"/> No Credit cards |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Keys / coins | <input type="checkbox"/> Yes <input type="checkbox"/> No Pens |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Use Restroom | <input type="checkbox"/> Yes <input type="checkbox"/> No Belt |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Hair pins / barrettes | <input type="checkbox"/> Yes <input type="checkbox"/> No Metal Buttons |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Watch / Jewelry | <input type="checkbox"/> Yes <input type="checkbox"/> No Clothing with metal (underwire bra) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Safety pins | <input type="checkbox"/> Yes <input type="checkbox"/> No Shoes with metal shank / toecap |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Paper clips | <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing aid |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Glasses | <input type="checkbox"/> Yes <input type="checkbox"/> No Removable dentures |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Piercings | <input type="checkbox"/> Yes <input type="checkbox"/> No Nicotine or other patch |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Wigs | <input type="checkbox"/> Yes <input type="checkbox"/> No Implant held in place by a magnet |



Use the metal detector



Ear plugs in place and working