MRI Pre Scan Information

**WHAT IS AN MRI?**
Magnetic Resonance Imaging (MRI) is a medical imaging technique that uses a powerful magnetic field and radio-frequencies to obtain very detailed cross-sectional images inside the body.

**IS THERE ANY PREPARATION?**
To help us provide an efficient service, you could assist us by: wearing clothing that does not have metal fastenings; not wearing any jewellery and removing all eye make-up (as this can interfere with scans of the head). You will also be required to complete an MRI safety questionnaire before your scan.

**CAN ANYONE HAVE AN MRI SCAN?**
No. There are some preconditions which can make MRI scanning hazardous. Due to the powerful MRI magnetic field any person with a pacemaker, metal clips on arteries or certain implanted devices cannot have an MRI scan. Women who are pregnant or breast feeding cannot have an MRI scan. It is also advisable for some people with specific medical conditions not to have a scan. These conditions will be rigorously screened for during your pre-assessment for MRI scanning.

**IS AN MRI SCAN SAFE?**
MRI scanning has been in use as a medical imaging tool for many years and with proper safety controls is commonly regarded by clinicians as a safe procedure. It does not employ ionising radiation (such as x-rays) and hence does not induce an additional cancer risk. It does however entail exposure to electromagnetic fields (EMF) which are much higher than levels recommended by international safety guidelines for general exposure (though still within limits of special guidelines for MRI scanning). Very occasionally, these EMFs may cause some tingling or heating sensations. These effects do not persist after scanning and have no known long term impact on health. Your MRI exposure will be carefully controlled to avoid such effects, and you will be constantly monitored for any signs of these effects and may direct us to stop the scan at any time if you experience uncomfortable sensations. The staff on duty will answer any queries you might have on the day, or if in doubt, call our department before your appointment.

**WHAT WILL HAPPEN WHEN I ARRIVE?**
The MRI Radiographer or another senior MRI staff member will greet you at the MRI unit waiting room and reception, explain the procedure and ask you questions about previous surgery you may have had regarding implanted metal in your body. You will be asked to leave your valuables (coins, keys, watch, jewellery, credit cards, mobile phones, pagers etc) in a locker. The staff member will guide you on to our MRI scan table. Some equipment may be placed around the body part we will be scanning.

**THE SCANNING PROCESS**
When we are taking the pictures, you will hear a very loud sound, rather like a vibration, and hearing protection will be provided. When you hear this noise it is important that you keep your body very still as movement will degrade the quality of the image. Usually there are about 4 or 5 different scans, lasting for 2-8 minutes each; and for most studies you will be in the scanner for about 60 minutes. You are welcome to bring along your favourite CD or cassette to listen to, during your scan.

**WHAT WILL HAPPEN AFTER THE SCAN?**
You can leave immediately after your scan. The images that have been taken will be used to address the research question for the study you have agreed to take part in. In addition they will be examined by a Radiologist. On extremely rare occasions, the radiologist might find an abnormality that is significant and which should be investigated further. If the Radiologist finds such a significant abnormality in your brain, he/she will contact the researcher directly involved in the study. It is then their responsibility to follow up with you; they will speak with your GP who can recommend the most appropriate action.
PARTICIPANT CONSENT

MRI Pre Scan Safety Questionnaire

This questionnaire is designed to screen for various conditions in a potential MRI participant which could lead to moderate or serious injury during MRI scanning. It is VERY important that you complete it as honestly and comprehensively as possible – please ask if you have any questions. This form will be checked by MRI staff on your arrival.

NAME: ___________________________________ DATE: ________________ ID No. ______

DATE OF BIRTH: _______________ HEIGHT: __________ WEIGHT: __________

STUDY/PROJECT NAME: _______________________________________________________

Please circle if any of the following are relevant to you:

Please circle

Do you have or have you ever had a cardiac pacemaker? YES/NO
Do you have an implanted cardiac defibrillator? YES/NO
Do you have an aneurysm clip or been treated for an aneurysm in the head? YES/NO
Do you have a cochlear or stapes Implant? YES/NO
Do you have a neurostimulator or spinal cord stimulator? YES/NO
Do you have any implanted electronic or magnetically activated devices? YES/NO
Have you ever had any metal enter your eyes? (Cutting metal, grinding or welding) YES/NO
If yes, was it removed by a doctor? YES/NO

If you answered “Yes” to any of the questions above, please contact MRI on 9214 5514

Please indicate if you have any of the following:

Hip replacement or artificial joint? YES/NO
Pin, plate or screw? YES/NO
Prosthesis -eye, limb, penile implant? YES/NO
Implanted coil, filter, shunt or stent? YES/NO
Eyeliner or other facial make up? YES/NO
Piercings or any jewellery? YES/NO
Hearing aid? YES/NO
Eyelid spring or wire? YES/NO
Do you have any tattoos? YES/NO
Artificial heart valve? YES/NO
Contraceptive IUD? YES/NO
Inflatable breast implant? YES/NO
Are you/could you be pregnant? YES/NO
Medication patches applied? YES/NO
Wire mesh Implanted? YES/NO
Spine or head shunt? YES/NO
Vascular port or catheter? YES/NO
Any other implanted metal? YES/NO
Any metal foreign bodies? YES/NO
Other concerns? YES/NO

SIGNATURE...........................................................................................................

MRI-15 Checklist and consent form for participants no contrast version 2 Page 2 of 3
PARTICIPANT CONSENT

Are you breast-feeding? YES/NO

Do you suffer from claustrophobia? YES/NO

Do you suffer from epilepsy or ever had a seizure? YES/NO

Do you wear braces, a dental plate or false teeth? YES/NO

Do you suffer from any heart condition that would make you susceptible to an increased risk of cardiac arrest? YES/NO

Have you ever had a surgical operation? YES/NO

  If yes, please provide details of body area (head, arm) and medical condition

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Have you had a MRI scan before? YES/NO

If yes, where? ............................................. Clinical purposes or research?...........................................

Did you experience any problems while having an MRI scan? YES/NO

Do you have any allergies? YES/NO

  If yes, details:

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GP details (NAME/ADDRESS/TEL NO) ..........................................................................................

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MRI Pre Scan Consent

I have read the above information and am aware of the risks and benefits of undergoing an MRI examination.

I have been provided with the opportunity to have any questions answered and I therefore give my consent to an MRI scan. I confirm that the questions have been answered to the best of my knowledge.

PARTICIPANTS NAME............................................................................

SIGNATURE........................................... DATE............................

MRI STAFF MEMBER NAME: ..............................................................

SIGNATURE........................................... DATE............................

Please empty your pockets of all magnetic items including wallet, bank cards and coins.

You will also need to remove shoes, metal belt buckles and any jewellery you have on.

You will also need to remove your eye glasses the radiographer will provide you with alternatives.