



Magnetic resonance (MR) environment screening form for individuals

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on. Please fill out this security questionnaire before entering the MR! room. An investigator is here at your disposal to help you fill out the form.

Code/Surname: _____ First name: _____

Age: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? If yes, please indicate type of surgery and date:
Type of intervention: _____
Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? If yes, please describe:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.) ? If yes, please describe:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you pregnant or suspect that you are pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate if you have any of the following:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Aneurysm clip(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiac pacemaker | <input type="checkbox"/> | <input type="checkbox"/> |
| Implanted cardioverter defibrillator (ICD) Electronic implant or device | <input type="checkbox"/> | <input type="checkbox"/> |
| Magnetically-activated implant or device | <input type="checkbox"/> | <input type="checkbox"/> |
| Neurostimulation system | <input type="checkbox"/> | <input type="checkbox"/> |
| Spinal cord stimulator | <input type="checkbox"/> | <input type="checkbox"/> |
| Cochlear implant or implanted hearing aid | <input type="checkbox"/> | <input type="checkbox"/> |
| Insulin or infusion pump | <input type="checkbox"/> | <input type="checkbox"/> |
| Implanted drug infusion device | <input type="checkbox"/> | <input type="checkbox"/> |
| Any type of prosthesis or implant | <input type="checkbox"/> | <input type="checkbox"/> |
| Artificial or prosthetic limb | <input type="checkbox"/> | <input type="checkbox"/> |
| Any metallic fragment or foreign body | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing aid (Remove before entering the MR system room) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other implant _____ | <input type="checkbox"/> | <input type="checkbox"/> |



Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature and date: _____

Visitor form

(Quarantine checking form for the Animal Imaging Technology section)

**MANDATORY IF ENTERING THE 9.4T OR 14T ROOMS
OR ANIMAL FACILITY**

This form has to be signed at each visit

First Name.....

Last Name.....

Institution: EPFL, PHYS-473 course

CIBM internal collaborator: Cristina Cudalbu

CIBM visit from (date)to (date).....

~~Veterinary license number:.....~~

Module 1: Yes No

I, undersigned, certify that:

- I do not have any rodents nor rabbits nor reptiles as pets at home;
- if I worked with animals coming from a dirty animal facility, I have respected a **72-hours quarantine before visiting CIBM laboratory**;
- I have been informed that CIBM animal facility is subjected to quarantine procedures and I will respect a **72-hours quarantine after visiting CIBM laboratory** before entering into another animal facility;
- if I am not working on EPFL campus, I will inform the animal facility manager of my institute of my visit to CIBM and I will conform to quarantine procedures in use;
- I have been informed that the present form will be scanned and transmitted to the veterinary of the EPFL animal facilities

Date.....Signature.....

