CRISP II

**Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* CRISP ID number, clinical center ID, and visit number.**

**Participant ID**:_____ *pkdid* **Clinical Center**: _____ *pccn*

*visit:*

# MRI Status Verification

*This form is to be completed for all participants at visit 8, prior to administration of the MRI.*

**Date of visit:** *dvdate* ☐☐ / ☐☐ / ☐☐☐☐

**1. Eligible but Modified Criteria – Part I**

*Review **all** possible conditions listed in section 1 with the participant. Check any that apply. If **any** of the MR contraindications in Part 1 are checked, go to section 3 and check **Eligible but Modified** for Participant Status. **Do not** complete section 2.*

*If none are checked, go to section 2.*

☐ Weight > 158.6 kg (350 lbs) *weight*

☐ Pregnant *preg*

☐ Cardiac Pacemaker *cardpac*

☐ Implanted cardioverter defibrillator (ICD) *cardef*

☐ Neurostimulation system *neuron*

☐ Claustrophobia *claust*

☐ Spinal cord stimulator *spinal*

**2. Eligible but Modified Criteria – Part II**

*Review **all** possible conditions listed in section 2 (continued on the next 2 pages) with the participant. Check any that apply. If **any** are checked, please discuss the condition(s) with the radiologist to determine if an MRI may be administered.*

*If none are checked, go to section 3 and check **Eligible and Enrolled.***

☐ Bone growth/bone fusion stimulator *bonfus*

☐ Cochlear, otologic, or other ear implant *earimp*

☐ Insulin or other infusion pump *insul*

☐ Implanted drug infusion device *druginf*

☐ Eyelid spring or wire *eyel*

☐ Tissue expander (e.g. breast) *tissex*

**Participant ID**:_____ *pkdid* **Clinical Center**: _____ *pccn*

*visit:*

# MRI Status Verification

- ☐ Hx of working with metal *hxwkmet*
- ☐ Hx of metal in eyes *hxmeteye*
- ☐ Aneurysm Clip(s) *aneu*
- ☐ Hearing aid *hearaid*
- ☐ Embolization coils *emcoil*
- ☐ Internal electrodes or wires *wires*
- ☐ Any type of prosthesis (eye, penile, etc.) *prost*
- ☐ Heart valve prosthesis *heart*
- ☐ Metallic stent, filter, or coil *metst*
- ☐ Artificial or or prosthetic limb *proslim*
- ☐ Shunt (spinal or intraventricular**)** *shunt*
- ☐ Vascular access port and/or catheter *vascath*
- ☐ Radiation seeds or implants *radseim*
- ☐ Swan-Ganz or thermodilution catheter *swan*
- ☐ Medication patch (Nicotine, Nitroglycerine) *patch*
- ☐ Any metallic fragment or foreign body *metfrag*
- ☐ Wire mesh implant *wimeim*
- ☐ Surgical staples, clips or metallic sutures *surstcl*
- ☐ Joint replacement (hip, knee, etc.) *jorep*
- ☐ Bone/joint pin, screw, nail, wire, plate, etc. *bojpin*
- ☐ IUD, diaphragm or pessary *iud*
- ☐ Dentures or partial plates *denppl*
- ☐ Tattoo or permanent makeup *tattoo*
- ☐ Body piercing jewelry *bopierc*
- ☐ Other implant *otimp*

Please specify: _____ *impsp*

**Participant ID**:_____ *pkdid* **Clinical Center**: _____ *pccn*

*visit:*

# MRI Status Verification

☐ Breathing problem *breatpr*

☐ Other *other*

Please specify:_____ *othersp*

**3. Status:** *finenro* *(Check only one)*

3 ☐ Eligible but Modified – **Continue, no MRI**

4 ☐ Eligible and Enrolled – **Continue**

CRISP Member completing this form_____
*cdidnum*

Date Form Completed __ __/__ __/__ __ __ __
*cddate*

Data Entry Status: Please check to indicate that the above information has been entered ☐

Primary Entered by: _____ Date: __ __/__ __/__ __ __ __ *dedate*
*deidnum*

Secondary Entered by: _____ Date __ __/__ __/__ __ __ __