

visit:

## **MRI Status Verification**

This form is to be completed for all participants at visit 12, 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.

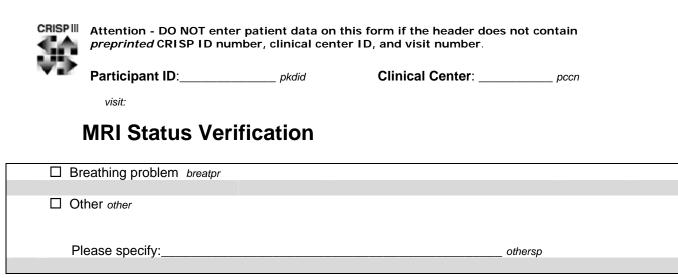
Bone growth/bone fusion stimulator bonfus	
Cochlear, otologic, or other ear implant earimp	
Insulin or other infusion pump insul	
Implanted drug infusion device druginf	
Eyelid spring or wire eyel	
□ Tissue expander (e.g. breast) tissex	



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



3.	Status: finenro (Check only one)
	3 D Eligible but Modified – Continue, no MRI
	4 Eligible and Enrolled – Continue

CRISP Member completing this form	
Date Form Completed///	cdidnum
Data Entry Status: Please check to indicate that the	e above information has been entered $\Box$
Primary Entered by:	
Secondary Entered by:	