## Safety Questionnaire and Consent for Participants

**Modality – GE MRI**

### Participant Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant ID</td>
<td>R</td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Forename</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
</tr>
<tr>
<td>Contact No</td>
<td></td>
</tr>
</tbody>
</table>

### Address Verification

If your, or your GPs, address are different to those shown above please cross out the old address and write the new one next to it.

Please do not assume we will accept you for a research scan on the basis that you have been scanned elsewhere (regardless of whether it was for research or clinical reasons).

Please remove all eye make up prior to attending for your scan.

It is essential that all questions on this sheet are answered truthfully. This information is essential in order to ensure your safety and will be kept completely confidential.

### Safety Questions

Please answer the following questions accurately by ticking the appropriate box. If you answer YES to any of the safety questions please call YNIC on 01904 435329.

#### Do you have a cardiac (heart) pacemaker or pacing wires?

- [ ] Yes
- [x] No

#### Have you ever had any operations on your heart, head or spine?

- [ ] Yes
- [ ] No

#### Do you have an Intra-Uterine Contraceptive Device?

- [ ] Yes
- [ ] No

#### Do you have a programmable hydrocephalus shunt?

- [ ] Yes
- [x] No

#### Do you have a cochlear (ear) implant?

- [ ] Yes
- [x] No

#### Have you any surgery in the last 3 months?

- [ ] Yes
- [ ] No

#### Have you, at any time, had an injury to your eye involving metal fragments?

- [ ] Yes
- [ ] No

#### Have you, or could you be pregnant?

- [ ] Yes
- [ ] No

### Approval for individuals with contraindications

- [ ] Approval for individuals with contraindications

### Consent

I have fully understood and completed the safety section of this form.

I understand the nature of the procedures to be carried out.

I have been able to ask questions regarding the procedures.

I have had the emergency evacuation procedures explained to me.

I give my full consent to MRI scans being performed on me.

I give my consent to my anonymised images from my scan being used for display.

I am aware that I may end the scan or procedure at any time by informing a member of staff.

### Signatures

Only sign if you are in **no doubt** about the participant’s suitability for MRI.

- [ ] Project ID: -
- [ ] Date
- [ ] Participant
- [ ] Guardian (if under 18 years old)
- [ ] Approved operator A
- [ ] Approved operator B

### Complete the section below only after completion of final metal screening:

I confirm that I have checked that there is no metal about my person immediately before entering the scanner.

---

**Participant signature:** ________________________________