(A) Policy Statement

Patients undergoing MRI scanning must be screened for contraindications prior to being scanned.

(B) Purpose of Policy

To ensure patient safety and reduce the liability of the University of Toledo Medical Center.

(C) Procedure

At the time of ordering, physicians are requested to answer key questions about their patient which help screen for contraindications.

1. Upon the patient’s arrival, the MRI technologists must review the list of MRI contraindications on the MRI Screening Form with the patient.

2. Any implant or foreign bodies must be cleared by MR safe card, operative notes compared to MRI Safety Manual (Shellock & Kanal), and/or negative x-ray done at University of Toledo Medical Center and checked out by UTMC Radiologist/MRI Safety Medical Director.

3. Documentation of clearance must exist prior to patient entering Zone 4.

4. If a contraindication exists:
   a.) Referring physician is contacted to advise of contraindication.
   b.) The study is cancelled unless the referring physician feels the benefits of scanning outweighs the risks by a significant margin, agrees to take total responsibility, and obtains consent from the patient.
   c.) Documentation is entered into RIS for future reference.
   d.) The consent form will be forwarded to the HIM Department for scanning into the patient’s permanent medical record.

Approved by:

/s/ Haitham Elsamaloty, MD 04/04/2023
Chairman & Professor, Radiology

/s/ Christine Stesney-Ridenour, FACHE 04/11/2023
Chief Operating Officer - UTMC

Review/Revision Date:
9/1/2005
5/23/2008
5/1/2011
5/22/2014
5/1/2017
5/1/2020
5/1/2023

Next Review Date: 5/1/2026

Policies Superseded by This Policy: M-005
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!**

**IMPORTANT INSTRUCTIONS!**

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. Loose metallic objects are especially **prohibited** in the MR system room and MR environment.

---

**PATIENT INFORMATION/HISTORY**

<table>
<thead>
<tr>
<th>HEIGHT: __________________</th>
<th>WEIGHT: _____________</th>
</tr>
</thead>
</table>

**SYMPTOMS/REASONS FOR MRI __________________**

If female, date of last menstrual period______________

**REASON FOR MRI: _____________________________**

Date completed ____________________

---

**#1** Do you/the patient have **ANY** of the following:

If YES, you /the patient **CANNOT** have an MRI. **Notify physician that MRI cannot be done.**

If NO, please continue to Step 2.

- YES NO Cardiac Pacemaker
- YES NO Implanted Defibrillator
- YES NO Internal Pacing Wires
- YES NO Brain Aneurysm Clips
- YES NO Breast Expanders
- YES NO Other _____________________________

---

**#2** Do you/the patient have **ANY** of the following:

If YES, provide information about the device; include ID cards, implantation date(s). This is **VITAL** to the safety of the patient. Consult MRI technologist or Radiologist for safety of device. If NO, continue to Step 3.

- YES NO Aneurysm Clips (other than Brain)
- YES NO Cochlear Implant
- YES NO Stents-Heart If yes, when & where _____________________________
- YES NO Stents-Other If yes, when & where _____________________________
- YES NO Neurostimulator
- YES NO Bone Growth Stimulator
- YES NO Shunt (Spinal or Brain)
- YES NO Implantated Drug Delivery System
- YES NO Vascular Access Port
- YES NO IVC Filter or Greenfield Filter If yes, when & where _____________________________
- YES NO Shrapnel, Bullets, or BBs
- YES NO History of metal grading
- YES NO Mettal Slivers, shavings, etc. in eyes (ever)
- YES NO Any type of prosthesis (limb, eye, penile)
- YES NO Other _____________________________

---

**#3** Do you/the patient have **ANY** of the following: If **YES, REMOVE ITEMS**, if possible. Be sure to consult the MRI Technologist or Radiologist for Safety Instructions if there are any questions or concerns. Thank you!

- YES NO Hearing Aids
- YES NO Insulin or Infusion Pump
- YES NO Transdermal Delivery System/Medication Patch
- YES NO Tattoo/Tattooed Make Up
- YES NO Body Piercing
- YES NO Harrington Rods
- YES NO Orthopedic Hardware, Joint Prosthesis
- YES NO Dentures
- YES NO Breast Implants
- YES NO Other _____________________________

---

Signature of Patient or Person Completing Form: ___________________________ Date: __________________

- Patient
- Relative Relationship: __________________________________

Form Reviewed by:  

- Technologist Signature ___________________________
- Radiologist Signature ___________________________

MRI Screening Form Updated: 5/2020