



ROYAL HOLLOWAY, UNIVERSITY OF LONDON - MAGNETIC RESONANCE IMAGING UNIT

**SECOND SCREENING FORM**

This form should be completed and signed immediately before your scan, after removal of any jewellery or other metal objects and (if required by the operator) changing your clothes.

NAME OF PARTICIPANT .....

Date of birth.....

Sex: M / F

Please read the following questions CAREFULLY and provide answers. For a very small number of individuals, being scanned can endanger comfort, health or even life. The purpose of these questions is to make sure that you are not such a person.

You have the right to withdraw from the screening and subsequent scanning if you find the questions unacceptably intrusive. The information you provide will be treated as strictly confidential and will be held in secure conditions.

BEFORE YOU ARE TAKEN THROUGH FOR YOUR SCAN IT IS ESSENTIAL THAT YOU REMOVE **ALL METAL OBJECTS** INCLUDING:-WATCHES, PENS, LOOSE CHANGE, KEYS, HAIR CLIPS, ALL JEWELLERY, METALLIC COSMETICS, CHEQUE/CASH POINT CARDS.

Delete as appropriate

- |   |        |
|---|--------|
| 1. Are you wearing or carrying any metal items such as those listed above?  | YES/NO |
| 2. Have your answers to any of the questions in the initial screening form changed?<br>(The initial screening form must be shown to you before you answer this question.) | YES/NO |
| Specifically, please confirm:   |        |
| 3. Have you been fitted with a pacemaker, artificial heart valve or cochlear implant?   | YES/NO |
| 4. Are you wearing a drug patch attached to your skin?  | YES/NO |
| 5. Is there any possibility that you might be pregnant?   | YES/NO |

---

I have read and understood the questions above and have answered them correctly.

SIGNATURE..... DATE.....  
(for children under 18 years: signature by a parent or guardian)

**FOR STAFF USE:**

I certify that the initial screening form and the consent form have been completed by the person named above and I have attached them to this form. The volunteer has been given the standard information sheet about MRI experiments, together with any necessary study-specific information, and has been given an opportunity to ask questions. I am satisfied that the volunteer is adequately informed and understands the content of the consent form. I have taken adequate steps to ensure that the volunteer has no ferro-magnetic metal in or on his/her person and I am satisfied that the scan can proceed.

SIGNATURE..... NAME (print) .....