



# MRI REQUISITION

## Instructions

1. Pre-Screen your participant. Any screening questions: [MRTechs@sfu.ca](mailto:MRTechs@sfu.ca)
2. Complete the top 2 sections and email to: [imgtecmg@sfu.ca](mailto:imgtecmg@sfu.ca)
3. Once confirmation email is received you will then be allowed to book scan time

Study Name: \_\_\_\_\_

P.I. (Name/Phone): \_\_\_\_\_

Study Coordinator (Name/Phone): \_\_\_\_\_

Study Assistant (Name/Phone): \_\_\_\_\_

..... **To be completed by Study Representative** .....

Appointment Date/Time: \_\_\_\_\_

Participant Study ID: \_\_\_\_\_ Sex: Male Female OR: Phantom

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Weight: \_\_\_\_ Kg lbs  
month / day / year

If participant needs to wear corrective lenses during the MRI, provide their eyeglasses prescription below:

### MRI participant pre-screening questions:

- |   |            |           |
|---|------------|-----------|
| 1. <u>Ever had</u> : pacemaker, neurostimulator or any type of implanted electronic device?   | <b>Yes</b> | <b>No</b> |
| 2. <u>Ever had</u> : any surgery or invasive procedure to the hear, head eyes or ears?  | <b>Yes</b> | <b>No</b> |
| 3. <u>Ever had</u> : injury where metal fragment may have entered your eyes or other part of body?<br>Performed metal work or metal grinding? | <b>Yes</b> | <b>No</b> |
| 4. Do you have a metallic implant of any kind?  | <b>Yes</b> | <b>No</b> |
| 5. Any surgery (including cosmetic surgery) or tattoos within the past 6 weeks?   | <b>Yes</b> | <b>No</b> |
| 6. Any current possibility of pregnancy?  | <b>Yes</b> | <b>No</b> |

**>>> Any "Yes" answer: discuss with an ImageTech MRI Technologist prior to booking appointment <<<**

..... **To be completed by MRI Technologist** .....

Were all required images collected? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (Include in Notes below: what was missed, and why)	
Notes	
Technologist:	