

MRI Fact Sheet and Safety Checklist

A. Participant Information

姓名(Name): _____ 日期(Date): _____ 性別(Gender): _____
 出生日期(DOB): _____ 體重(Weight): _____

B. Pre-scan checklist

Please put a "✓" on the box(es) to indicate your implants or devices and conditions for our safety verification:

你是否(Have/Had you)

是 (Yes)	否 (No)	如果是，請解釋 (If Yes, please explain)
<input type="checkbox"/>	<input type="checkbox"/>	在金屬環境工作過？Work in Metal Environment
<input type="checkbox"/>	<input type="checkbox"/>	有幽閉恐懼症？Claustrophobia
<input type="checkbox"/>	<input type="checkbox"/>	患過腎炎或其它腎病？Nephritis or Nephropathy
<input type="checkbox"/>	<input type="checkbox"/>	曾經動過手術？Surgery
<input type="checkbox"/>	<input type="checkbox"/>	有頭部創傷？History of Head Trauma
<input type="checkbox"/>	<input type="checkbox"/>	患有美尼爾氏綜合症？Meniere's Disease
<input type="checkbox"/>	<input type="checkbox"/>	涉及金屬的受傷？Injury (Involving Metal)
<input type="checkbox"/>	<input type="checkbox"/>	曾中風/昏厥過？Stroke/Seizure

以下問題謹供女性參加者回答(The following questions are for female patients to answer)

☐ ☐ 處於懷孕或哺乳期或有可能懷孕？Being Pregnancy or Breast Feeding or suspect that you could be pregnant

上一次月經日期 Last menstrual period? (_____ / _____ / _____) dd/mm/yyyy

下列物品對磁共振圖像有影響並對你的安全不利，請檢查你是否有下列物品中的任何一種：(Following items would affect image quality and endanger your safety. Please check carefully if you have any one with you)

<input type="checkbox"/>	心臟起搏器(Cardiac Pacemaker)	<input type="checkbox"/>	動脈瘤血管夾(Surgical Aneurysm Clips)
<input type="checkbox"/>	神經刺激器(Neurostimulator)	<input type="checkbox"/>	心臟瓣膜修復(Prosthetic Heart Valve)
<input type="checkbox"/>	植入泵(Implanted Pumps)	<input type="checkbox"/>	永久眼襯(Permanent Eyeliner)
<input type="checkbox"/>	電子耳蝸(Cochlear Implants)	<input type="checkbox"/>	助聽器(Hearing Aid)
<input type="checkbox"/>	陰莖假體(Penile Implant)	<input type="checkbox"/>	宮內節育器(IUD)
<input type="checkbox"/>	紋身(Tattoos)	<input type="checkbox"/>	腦夾(Brain Clips)
<input type="checkbox"/>	主動脈夾(Aortic Clips)	<input type="checkbox"/>	頸動脈夾(Carotid Clips)
<input type="checkbox"/>	分流裝置(Shunts)	<input type="checkbox"/>	胰島素泵(Insulin Pump)
<input type="checkbox"/>	電極(Electrodes)	<input type="checkbox"/>	人工關節(Joint Replacements)
<input type="checkbox"/>	骨或關節針(Bone or Joint Pins)	<input type="checkbox"/>	金屬網眼(Metal Mesh)
<input type="checkbox"/>	施接普內耳膜(Shrapnel)	<input type="checkbox"/>	金屬杆、盤、螺絲等(Metal Rods, Plates, Screws)
<input type="checkbox"/>	血管內彈簧圈(Intravascular coil)	<input type="checkbox"/>	宮內節育器 (Intra-uterine contraceptive device)
<input type="checkbox"/>	眼內金屬異物 (Metallic foreign body in eyes)	<input type="checkbox"/>	支架/血管夾 (Stent/ Vascular clip)
<input type="checkbox"/>	假體 (如假牙、假眼、假肢等 Protheses include dentures, artificial eyeballs, artificial limbs, etc.)		

MRI does not involve ionizing radiation. It utilizes a strong magnetic field and radio waves to produce images. Although the long term biological effects on the human body are still not fully understood, it has been in widespread clinical use for over twenty years and, to date, no known side effects have been reported in used appropriately. However, if you go into the MRI environment with an unverified device, strong interaction may cause your device malfunction and / or body injury.

磁力共振並不涉及游離輻射，它利用強磁場和無線電波來產生圖像，已在臨床上廣泛使用了 20 多年，迄今為止，尚無適當使用下而產生副作用的報導。但是，如果您使用未經驗證的設備進入磁力共振環境，可能會導致設備故障和/或身體受傷。

志願者簽名(Participant Signature)

日期Date

以下由研究者填寫Office Use Only

檢查類型(Type of Exam)

主要研究者簽名(Principal Investigator Signature)