

Safety Questionnaire
MRI from: _____

Please answer the following questions carefully. If you are unsure of anything or require help with any of the questions **please feel free to contact us at any time**.

Surname, first name	Date of birth	Weight	Height

No change since last MRI investigation on: _____

New MRI investigation / change since last investigation

Do you have an implant? If yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Pacemaker	<input type="checkbox"/>
Neurostimulator	<input type="checkbox"/>
Insulin, pain, or other injection pump	<input type="checkbox"/>
CSF drainage shunt	<input type="checkbox"/>
Inner ear, middle ear, or cochlear implant (auditory implant)	<input type="checkbox"/>
Artificial heart valves	<input type="checkbox"/>
Prostheses (e.g. artificial joints, dentures). If yes, please specify:	<input type="checkbox"/>
Vascular clips	<input type="checkbox"/>
Other clips after surgeries	<input type="checkbox"/>
Other implant:	<input type="checkbox"/>
Have you ever had any operations on your head, eyes, ears, or heart, or any angiographic investigation of your blood vessels? If yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is it possible that you could have metal fragments in your eyes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Apart from dental fillings, do you have metal anywhere inside or on your body (braces, intra-uterine contraceptive device, piercing, orthopedic implant, wrist or ankle weights, hearing devices, ...)? If yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
For women and girls of childbearing age: is it possible that you might be pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a medication patch or plaster (e.g. hormone patch, pain plaster, travel-sickness patch)? If yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a tattoo?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you wearing synthetic underwear or sport clothing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any reasons why you may not be able to lie still (e.g. itching, pain, cold/cough, claustrophobia, epilepsy, etc.)? If yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have asthma or any allergies (e.g. to medication)? If yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any problems with your kidneys? If yes, are you on dialysis? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had a previous MRI or CT scan?	<input type="checkbox"/> No <input type="checkbox"/> Yes
I consent to the further use of my MR images and associated clinical data for teaching and research purposes, in strict accordance with data protection and confidentiality policies, as described overleaf.	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes: I would like to be informed of any results arising from the further use of my data, which might affect my health.	<input type="checkbox"/> No <input type="checkbox"/> Yes

Before entering the scanner room please remove **all metal objects** (watch, jewelry, hair clips, glasses, hearing aids, walker, etc.), **empty all the pockets in your clothing** (e.g. of keys, wallet, credit cards, coils, pens, paper clips), and **do not take any objects with you** (notebook, mobile telephone, backpack, bag, stationery, ...).

With your signature, you confirm that you have been informed of the risks of the upcoming MR scan and that you have read and answered the above questions truthfully.

Further use of MRI data for teaching and research

The University Children's Hospital Zürich is a university pediatric clinic, where doctors, nurses and other health professionals undergo specialist training and further education. In addition, as in other university clinics, research is performed at the Children's Hospital Zürich for the purpose of improving diagnostic procedures, therapies, and patient care. The results of the clinical examinations and associated therapies and disease processes as they are recorded in the patient documentation provide the basis for these important tasks. For teaching and research purposes, it is not only important to gather information on specific diseases, but also to document the healthy development of our patients in order to help us to reliably differentiate between diseases.

In order for the Children's Hospital Zurich to be able to use your MR images for research and teaching, we require your consent. We therefore ask that you answer the question on the front of this form. With your consent, you make a valuable contribution to medical progress. Of course, you are free to answer no to this question, in which case you will not be disadvantaged and your treatment will not be affected or impaired in any way.

By giving consent for the further use of MR data for teaching and research, you allow qualified staff from the University Children's Hospital, who are subject to the relevant patient confidentiality policies, to evaluate your MR data, together with necessary clinical information (e.g. age, gender, reason for the investigation, diagnosis, ...) for research purposes or in the teaching or training of healthcare staff. All aspects of data protection and patient confidentiality will be carefully taken into account. The publication of research findings is always done without giving names or other identifiers relating to you. Where necessary, images will be rendered unrecognizable.

Right to withdraw consent

You have the right to revoke your consent to the further use of your data at any time. From the moment when you withdraw your consent, your MR data may no longer be used for teaching or research purposes. If you wish to withdraw consent please contact: Kinderspital Zürich – Eleonorenstiftung, Abteilung Bilddiagnostik, Lenggstrasse 30, 8008 Zürich or send an e-mail to: radiologie.sekretariat@kispi.uzh.ch

Further questions?

The staff of the MR Center or the treating physician would be glad to provide you with more detailed information personally if needed. Additional information is available in the information sheet "Further use of health-related data and biological samples for research and teaching", which we can hand out to you.