Exam 6
MRI Exclusion Form

Participant ID: ___________________________ Acrostop: ___________________________

Technician ID: ___________________________ Date: __________ / __________ / __________

1. Exclude based on weight?  ○ Yes  ○ No

Weight (imported from anthropometry form): _______ lbs  If over 300 lbs, then exclude from MRI

**Clinic Staff: Please note that single-starred responses exclude the participant from MRI for all ancillary studies (Atrial Fibrillation, PET, Tissue Sodium, and Memory/Alzheimer’s Disease).**

**Clinic Staff: Please note that any item double starred excludes the participant from participating in the Atrial Fibrillation ancillary study.**

[MESA Atrial Fibrillation study specific questions (will show up only if consented to MESA Atrial Fibrillation study)]

(Men only) Are you willing to have the hair on your upper left chest shaved for application of the heart monitor?

○ Yes  ○ No**

Do you have any skin allergies to tape or skin adhesives?

○ Yes**  ○ No

Do you have a neurostimulator?

○ Yes**  ○ No

In the next two weeks, are you scheduled to have an MRI, CT scan, mammogram, or chest X-ray that is not a part of the MESA study? (if yes, will need to explore dates and schedule the Ziopatch application around the test)

○ Yes  ○ No

Are you planning air travel within the next 6 weeks? (if yes, will need to explore dates and schedule the Ziopatch applications around the air travel)

○ Yes  ○ No

For all participants:

2. Do you have... (Mark all that apply)

○ Yes*  ○ No  Cardiac Pacemaker and/or Automatic Implantable Defibrillator

○ Yes*  ○ No  Cerebral aneurysm clip

○ Yes*  ○ No  Neurostimulator

○ Yes*  ○ No  Cochlear, otologic, or other ear implant

○ Yes*  ○ No  Magnetically or electrically activated device? (Insulin or infusion pump)

○ Yes*  ○ No  Exposure to metal fragments in or around the eyes? Or work with metal such as arc-welding, grinding, drilling metal, tool and die work

3. Or are you... (Mark all that apply)

○ Yes*  ○ No  Pregnant or at risk for pregnancy

○ Yes*  ○ No  Severely claustrophobic (see Claustrophobia protocol)

○ Yes*  ○ No  Having difficulty lying flat or breathing

*MESA Atria Fibrillation study specific questions (will show up only if consented to MESA Atria Fibrillation study)