**西北师范大学脑成像研究中心安全筛查表**

**(SCNU-BIC Screening Form)**

* **基本信息（Basic Information）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名  (Name) |  | 性别  (Gender) |  | 出生日期  (Date of birth) |  |
| 体重  （Weight) |  | 民族  (Ethnicity) |  | 日期  (Date) |  |

* **你是否(Have/Had you)**

|  |  |  |
| --- | --- | --- |
| 是(Yes) | 否(No) | 如果是，请解释 (If Yes, please explain) |
|  |  | 是否发烧？Do you have a fever? |
|  |  | 在金属环境工作过？Work in Metal Environment |
|  |  | 有幽闭恐惧症？Claustrophobia |
|  |  | 患过肾炎或其它肾病？Nephritis or Nephropathy |
|  |  | 曾经动过手术？Surgery |
|  |  | 有头部创伤？History of Head Trauma |
|  |  | 患有美尼尔氏综合症？Meniere’s Disease |
|  |  | 曾经眼睛受伤（涉及金属）？Injury to eyes (Involving Metal) |
|  |  | 处于怀孕或哺乳期？Being Pregnancy or Breast Feeding |
|  |  | 曾中风/昏厥过？Stroke/Seizure |

* 下列物品对磁共振图像有影响并对你的安全不利，请检查你是否有下列物品中的任何一种：(Following items would affect image quality and endanger your safety. Please check carefully if you have any one with you)

|  |  |
| --- | --- |
| □ 心脏起博器(Cardiac Pacemaker) | □ 动脉瘤血管夹(Surgical Aneurysm Clips) |
| □ 神经刺激器(Neurostimulator) | □ 心脏瓣膜修复(Prosthetic Heart Valve) |
| □ 植入泵(Implanted Pumps) | □ 永久眼衬(Permanent Eyeliner) |
| □ 电子耳蜗(Cochlear Implants) | □ 助听器(Hearing Aid) |
| □ 阴茎假体(Penile Implant) | □ 宫内节育器(IUD) |
| □ 纹身(Tattoos) | □ 脑夹(Brain Clips) |
| □ 主动脉夹(Aortic Clips) | □ 颈动脉夹(Carotid Clips) |
| □ 分流装置(Shunts) | □ 胰岛素泵(Insulin Pump) |
| □ 电极(Electrodes) | □ 人工关节(Joint Replacements) |
| □ 骨或关节针(Bone or Joint Pins) | □ 金属网眼(Metal Mesh) |
| □ 施接普内耳膜(Shrapnel) | □ 金属杆、盘、螺丝等(Metal Rods, Plates, Screws) |
| □ 假体（如假牙、假眼、假肢等） (Prostheses include dentures, artificial eyeballs, artificial limbs, etc. ) | |

签名(Signiture) 日期Date

**以下由研究者填写**

病人(Patient)/正常志愿者(Volunteer) 检查类型(Type of Exam)

主要研究者签名(Principal Investigator)