Donders Centre for Cognitive Neuroimaging

**General**

MRI stands for ‘Magnetic Resonance Imaging’. This method allows us to take images of the inside of the human body. By using a strong magnetic field and radio waves radio signals are generated in the body. These signals are picked up by an antenna and with the help of a computer pictures of cross-sections of the human body can be produced. At the Donders Institute mainly a variation of this technique called fMRI (f = functional) is used. With fMRI it is possible to see both the structure and the activity of the brain. An fMRI experiment usually lasts one to two hours.

**Preparation**

Metal objects are attracted to the magnet and/or disturb the measurement. Also there is a slight chance metal can warm-up. Therefore please take into account the following:

- The clothing on your upper body may not contain any metal (e.g. zips, buttons, hooks, braces). This also applies to bras containing a metal brace wire.
- Jewellery, piercings, hairpins, glasses, etc with metal parts must be removed. Please do not use mascara as this sometimes contains metal fragments.
- Coins, keys, cigarette lighters, cell phones, penknives, cufflinks etc must be removed and can be stored in a locker. The same goes for bank cards, credit cards and chipcards. Otherwise the strong magnetic field will erase the information stored on the magnetic strip.

**The experiment**

After the researcher has informed you about the experiment you will enter the shielded magnet room and lie down on the movable table. Please relax and lie as comfortably as possible. During the experiment the scanner will make a lot of knocking sounds and noises of varying volumes. Ear protection is a must. Hence you will be given headphones or earplugs to reduce the noise. A frame (= the antenna) is placed over your head. It is important to lie as still as possible during the scanning. Hence your head is fixated with small cushions. Before the researcher moves you inside the scanner you will be given a rubber ball to hold in your hand. If you squeeze the ball during the experiment this will sound an alarm which tells the researcher to stop the experiment. During the scan the door to the MRI room is shut, but not locked.

An experiment consists of several scans. The shortest lasts for 10 seconds and the longest about 40 minutes. In total a scan session lasts one to two hours. Via the intercom the researcher keep you informed about the progress of the experiment.

**Additional information**

The risk associated with participation can be considered as negligible. No invasive procedures are involved.

You can **NOT** participate in a MRI-experiment if one of the following applies:

1) Metal parts, that cannot be removed, are present in or on your body, e.g. plates, screws, aneurysm clips, metal splinters, piercings or medical plasters

   Dental fillings, crowns and a metal wire behind your teeth are allowed. The same holds for contraceptive coils.

2) You have an active implant, such as a pacemaker, insulin pump, neurostimulator and/or ossicle prosthesis.

3) Head surgery has been performed.

4) You suffer from epilepsy.

5) You suffer from claustrophobia.

6) You are pregnant or you think you are.

7) You are younger than 18 years of age.

8) In case you have a tattoo you need to contact the researcher beforehand.

If one of the above is applicable, please contact the researcher before the day of the experiment.
**Independent physician**

If you would like to address questions related to the experiment you may ask for one of the independent MD's: Prof. dr. Guillén Fernández or Prof. dr. Jan Buitelaar.

Please contact the administration of the Donders Centre for Cognitive Neuroimaging: 024-3610750.
To be filled out prior to the start of the experiment

<table>
<thead>
<tr>
<th>Please answer the following questions first</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Do you have any metal objects in your body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exception: dental fillings or crowns, contraceptive coils</td>
<td></td>
<td></td>
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<tr>
<td>- Do you have an active implant?</td>
<td></td>
<td></td>
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<tr>
<td>(e.g. pacemaker, neurostimulator, insulin pump, ossicle prosthesis)</td>
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<tr>
<td>- Do you have metal fragments in your body, in particular in the eye, e.g., caused by injuries when working with metal?</td>
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<tr>
<td>- Have you had head surgery?</td>
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<tr>
<td>- Do you wear jewelry / piercings that you cannot take off?</td>
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<tr>
<td>- Are you using a medical plaster that cannot or may not be taken off?</td>
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<tr>
<td>(e.g. nicotineplaster)</td>
<td></td>
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<tr>
<td>- Are you suffering from epilepsy?</td>
<td></td>
<td></td>
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<tr>
<td>- Do you suffer from claustrophobia?</td>
<td></td>
<td></td>
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<tr>
<td>- Are you pregnant or do you think you are?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Are you younger than 18 years?</td>
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</tbody>
</table>

*If you answered “Yes” to one of the above questions you CANNOT participate in the experiment.*

- Do you have a metal wire behind your teeth?
- Do you have a tattoo or permanent make-up?
  - Where? ______________________
  - Approx. size? _____ cm x _____ cm

*If you answered “YES” to one of these questions then the researcher has to inform you about the risks.*

Name: 

Weight: ………… kg.

Date of birth:

* This form is only to be used for research on people of 18 years or older that are of sound mind and judgement. The person involved has to give his or her consent personally. The questions above only apply for performing a MRI exam in the head/neck area.

P.T.O

February 2012, version 6.1
# SCREENING FORM MRI

Version 6.1

To be filled out **completely** by the RESEARCHER after the experiment

<table>
<thead>
<tr>
<th>Name</th>
<th>Project number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Function</td>
<td>Sona systems study name</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

- □ Payment .......... euro / .......... points
- □ No payment

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** Reported events or findings:**

*(Adverse Event / Incidental Finding)*  YES/ NO

If YES, please describe:
STUDYSPECIFIC INFORMED CONSENT FORM
For participation in:*  
☐ MEG ☐ EEG ☒ MRI ☐ Behavioural
*tick the applicable box(es)

To be filled out by the PARTICIPANT prior to the start of the experiment:

I confirm that:
- I was satisfactorily informed about the study concerned both verbally and in writing by means of the general information brochure and additional study specific information brochure(s) (versions 6.1, February 2012) as well as about the study itself by the researcher concerned based on the project number written below.
- I have had the opportunity to put forward questions regarding the study and that these questions have been answered satisfactorily.
- I have carefully considered my participation in the experiment.
- I participate of my own free will.

I agree that:
- My data will be acquired and stored for scientific purposes as mentioned in the general information brochure.
- I will be informed by a designated physician about any new information which is of medical relevance to me.

I understand that:
- I have the right to withdraw from the experiment at any time without having to give a reason.
- My privacy is protected according to Dutch law.
- My consent will be sought every time I participate in a new experiment.

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I give my consent to take part in this experiment:

Name:……………………………………….  Date of birth:……………………………….. (dd/mm/jj)
Signature:................................................  Date and place:……………………………..

I agree that my experimental and coded data for strict scientifically reasons will be shared with others: YES / NO*  
*encircle preference

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To be filled by the RESEARCHER prior to the start of the experiment:

The undersigned declares that the person named above has been informed both in writing and in person about the experiment. He /she guarantees subjects’ privacy protection according to Dutch law.

Name:……………………………………….  Project number:
Signature:……………………………………….  Date and place:……………………………..