

I have understood the following questions and answered honestly:

- Do you have an active implant?
(pacemaker, neurostimulator, insulin pump, ossicle prosthesis, or residual leads) Yes No
- Do you have any other foreign objects in your body, except dental fillings or crowns?
(e. g. clips on blood vessels, metal splinters in the eye or body as consequence
of shooting/accident/metal worker, orthopedic implants, braces, metal wire behind the teeth,
mechanical contraception spiral) Yes No

If yes, what kind of foreign object?
- Have you had surgery to your brain, head? Yes No
- Do you suffer from epilepsy? Yes No
- Do you suffer from any known heart rhythm disorder? Yes No
- Do you have circulatory problems? Yes No
- Are you diabetic? Yes No
- Do you suffer from claustrophobia? Yes No
- Are you pregnant or do think that you might be? Yes No
- Do you wear jewelry/piercings that cannot be taken of? Yes No
- Do you have tattoos or permanent eye make-up? Yes No

If yes, describe what and where:
- Are you using medical plasters (e.g. nicotine) that cannot be taken of? Yes No

To be filled out by the certified user (all fields are obligated)

While going through the ProefpersonenInformatieFormulier (PIF) these questions have already been answered.

In relation to the safety considerations for starting this scan I (name certified user)

..... went through this information again on (date)

with the participant.

Participant number:

Year of birth of the participant:

Height (cm) of participant:

Weight (kg) of participant:

Scan date: Scan time:

Signature certified user