

Safety screening form MRI

Version 2.2

I have understood the following questions and answered honestly:					
-	Do you have an active implant? (pacemaker, neurostimulator, in	sulin 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 br	ain, head?		☐ Yes	□ No
-	Do you suffer from epilepsy?			☐ Yes	☐ No
-	Do you suffer from any known h	eart rhythm disorder?		☐ Yes	☐ No
-	Do you have circulatory problem	5?		☐ Yes	□ No
-	Are you diabetic?			☐ Yes	□ No
-	Do you suffer from claustrophob	a?		☐ Yes	□ No
-	Are you pregnant or do think that	t you might be?		☐ Yes	□ No
-	Do you wear jewelry/piercings th	at cannot be taken of?		☐ Yes	☐ No
-	Do you have tattoos or permane	nt eye make-up?		☐ Yes	□ No
	If yes, describe what a	nd where:			
-	Are you using medical plasters (e.g. nicotine) that cannot be to	aken of?	☐ Yes	□ No
I have been informed to satisfaction concerning the MRI safety. I had the possibility to ask questions concerning MRI safety. All my questions are answered to my satisfaction. I am aware that this form is kept in accordance with the privacy statements.					
I agree with being scanned:					
Last name:			Today's date:		
First name:			Date of birth:		
Middle name (if any):			Height (cm):		
			Weight (kg):		
			Signature:		
To be filled out by the certified user (all fields are obligated)					
Name:	MR S	System:	Project number:		
I declare that the person mentioned above has been informed orally and in writing about the MRI scan and has given their informed consent about the project mentioned above. I also declare that premature termination of participation by the person mentioned above will be of no influence on the care he or she will receive.					
Functio	on:				
Signature:					

Purpose

The purpose of the 'safety checklist MRI scan' is for your safety. By answering the questions correctly researchers can determine whether it is safe to take part in the scan that the researcher carries out on one of the MRI systems.

Retention periods

Brains Unlimited B.V. will not retain your personal data longer than is strictly necessary to achieve the purposes for which they are collected. This excludes data that we must retain longer because we are required to do so by law.

Security measures

Brains Unlimited B.V. takes the protection of your data seriously. We therefore have adopted appropriate organizational and technical measures to prevent misuse, loss, unauthorized access, unwanted disclosure, and unauthorized alteration.

Our employees with access to your personal data only have access to those data needed for performing their duties and/or supporting the website.

If you have the impression that your data are not securely protected or there are indications of misuse, please contact information@scannexus.nl.

Your rights

You have various rights that you may exercise in relation to the processing of your personal data. For example, you have the right to access, rectify, and erase your data. You may request us to transfer your data to you or another party or to restrict data processing. You may also object to the processing of your data and always withdraw your consent to data processing.

You may send your request by email to information@scannexus.nl. To ensure that it is you who has made the request for access and thus prevent misuse, please enclose a copy of your identity document with the request. Blacken out your passport photo, MRZ (machine readable zone, the strip with numbers at the bottom of the passport), passport number, and Citizen Service Number (BSN) in this copy. This is to protect your privacy. We will respond to your request as soon as possible, but within no more than four weeks.

We wish to point out that you may submit a complaint to the national supervisory authority, the Dutch Data Protection Authority (*Autoriteit Persoonsgegevens*). This can be done using the following link: https://autoriteitpersoonsgegevens.nl/nl/contact-met-de-autoriteitpersoonsgegevens/tip-ons.