

**Multi-Ethnic Study of Atherosclerosis
Exam 5**



MRI Exclusion

Id#:

Acrostic:

Interviewer ID#:

Date: / /
Month Day Year

1 Do you have an aneurysm clip in your brain?

YES NO

Please indicate Manufacturer and Model
(needs to be verified from medical records)

Hospital Name _____

City, State _____

If not available, skip to question 6

2 Do you have metal fragments in your eyes, brain, or spinal cord?

YES * NO

skip to question 6

3 Are you (or have you been) a metal worker, welder or grinder in your job?

YES NO

4 Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator, pacemaker or ICD?

YES * NO

skip to question 6

5 (FEMALE ONLY) Are you or do you believe you may currently be pregnant?

YES * NO

skip to question 6

6 Does participant pass all MRI exclusion criteria?

NOTE: Starred responses indicate that the participant is ineligible

YES NO

skip to End

7 If Selected for Gadolinium:

a. Do you have history of serious kidney or liver disease (such as Cirrhosis)?

YES NO

skip to question 8

b. Do you have an allergy to gadolinium?

YES NO

skip to question 8

c. Have you had an allergic reaction to gadolinium in the past 30 days?

YES NO

skip to question 8

d. Was eGFR test performed?

YES PENDING NO (Not eligible for contrast if eGFR not done)

Date of test:

/ /
Month Day Year

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Serum Creatinine Calculated eGFR

Tech. ID:

Indicate reason

- Refused
- No blood for test
- Ill
- Physically unable
- Other:

8 Is participant eligible for contrast? **(Record on MRI Completion Form)**

YES NO Pending eGFR

MRI Appointment Information

Read description of MRI procedure

9 Does participant agree to MRI?

YES → Appointment Date: / /

Appointment Time:

: M

YES, but another time

Contact after: / /

NO → Reason for refusal:

- Not interested
- Sick
- Caring for person at home
- Claustrophobia
- Other: