



SPIROMICS-HF MRI EXCLUSION FORM

ID NUMBER:									
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FORM CODE: MRE
VERSION: 1.0 12/02/2020

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: This form (MRE) should be completed during the participant's Visit 5 if scheduling the MRI procedure then or during the scheduling phone call for SPIROMICS-HF to determine if the participant is eligible for the MRI. In addition, your MRI facility will require a local MRI exclusion form to be completed prior to the MRI, and it is helpful to administer that now too if the participant is eligible for the MRI based upon this form (MRE). To proceed with the MRI, participants must be eligible based on both the MRE and local exclusion forms.

1) Are you claustrophobic (get very nervous in tight spaces)?

No₀

Yes₁ → **Participant is ineligible; Go to 7**

Don't know₂

Instructions: If "Yes" to 1, participant is ineligible for the MRI. Go to 7.

2) Do you have an aneurysm clip in your brain?

No₀ → **Go to 3**

Yes₁

Instructions: If "Yes" to 2, further evaluation is required before having the MRI – administer local MRI screening form and discuss with MRI facility. Verify the following from medical records and indicate below:

2a) Manufacturer and Model _____

2b) Hospital name _____

2c) City, State _____

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

No₀

Yes₁

Instructions: If "Yes" to 3, further evaluation is required before having the MRI – administer local MRI screening form and discuss with MRI facility.

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

No₀

Yes₁

5) Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator, pacemaker, or ICD that are MRI-incompatible?

No₀

Yes₁

Instructions: If "Yes" to 4 or 5, participant is ineligible for the MRI. Go to 7.

ID NUMBER:									
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6) (FEMALE ONLY) Are you or do you believe you may currently be pregnant?

No₀

Yes₁

Instructions: If "Yes" to 6, participant is temporarily ineligible for the MRI. Reschedule 3+ months after pregnancy.

7) Does the participant pass all above MRI exclusion criteria?

No₀

Yes₁

8) Is the participant eligible based on the local MRI exclusion form (if applicable)?

No₀

Yes₁

Not available₂

Instructions: If "No" to 7 or 8, participant is ineligible for the MRI. Go to END. Participant is eligible for the rest of SPIROMICS HF, and the echo procedure should still be scheduled.

MRI Appointment Information

9) Is the participant eligible and agrees to the MRI procedure?

No₀ → **Go to 9d**

Yes₁ → **Go to 9a**

Yes, but another time₂ → **Go to 9c**

9a) If Yes, what is the MRI appointment date?

		/			/				
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9b) What is the MRI appointment time?

		:			AM ₁ /PM ₂
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9c) If Yes, but another time, contact after date:

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9d) If No, indicate the reason for MRI refusal and proceed with scheduling the echo procedure and the remaining SPIROMICS-HF visit:

Not interested₁

Sick/III₂

Caring for person at home₃

Claustrophobia₄

Other₅

END OF FORM