

# MRI Service Center Welcome Package

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# MRI Service Center Contact List

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- Cardiac MRI and Philips scanner expert: Associate Professor Mike Schaer, PhD [mschar3@jhu.edu](mailto:mschar3@jhu.edu)
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# How to Set Up a New MRI Study

- PI and/or coordinator send the protocol and the manual to MR physicist, and CC the MRI technologists.
- If the study needs a **phantom scan** for site qualification, MR physicist will scan a phantom and the coordinator will upload the phantom data.
- [PI](#) and [coordinator](#) set up iLab accounts. Please contact Xin Li if any problem.
- Before scheduling your first subject, please discuss with MRI technologists:
  - 1.your study scan time slot**
  - 2.if any questions of the forms**
  - 3.your unique protocol name in our scanner protocol tree.**
- Schedule the time slot for a **test scan** in iLab.

# FOR CARDIAC USERS

Dear investigators,

In one or more of your research projects, you use the research MRI scanner(s) in the MRI Service Center to perform cardiac MRI and request a clinical review of the images by our radiologists. I am writing to request that, when you place an EPIC order for the clinical review, you specify the type of clinical read you would like, as per your initial arrangement with research billing at the time of project initiation. Specifically, in the “Study notes” box in EPIC, please write either “Full Cardiac Report with Analysis” or “Review for Extracardiac Findings Only”. This makes it easier for our radiologists to ensure they provide the correct read.

The current fee for a “Full Cardiac Read” is \$184.98 and a “Review for Extracardiac Findings Only” is \$75.00 Please check your documents carefully to be sure you are receiving the correct read for your study.

**Thank you for your support of the MRI Service Center.**

# How to take MR safety test

- Every user of the MRI Service Center must have Basic MRI Safety Training Level I.

You need to take Advanced MRI Safety Training Level II if you work in the MRI room.

- Login to [myLearning](#), then take:
- [MRI Safety Training Level I](#) ----- all MRI Service Center users
- [MRI Safety Training Level II](#) ----- Any person who enters the MRI scanner room
- Upload your certificate to iLab.

**please email Xin Li if any problem.**

## Register an Account and approve members in iLab---PI

- **Please watch the teaching video on how to register an account in iLab, approve the requests of members, and assign billing number for the member.**

## Register an Account and Make a Reservation in iLab---Coordinator

- Please have the following information ready before you contact Xin Li:
  1. IRB approval letter
  2. IRB number
  3. your cost object (IO#).
- **Please watch the video on how to set up an account and join your PI's group in iLab.** Wait of your PI to approve your request.
- **Please watch video on how to make a reservation of scan time slot, MRI technologist assistance, contrast injection, and an Anesthesia machine.**
- Please contact Xin Li if any problem.



# Locations of Our MRI Scanners

JHU MRI Building:

waiting area: **B180**

1.5T Siemens Espree: **B167**

3T Siemens Prisma: **B170**

Radiology Building:

3T Phillips XMR: **B125A**

**Please watch our direction video to help you find us in medical campus.**

# Radiology Department Registration

Only for subject needing a report

Registration location

**Nelson Building B138**

Registration hours

**7:00am -2:30pm**

Phone #:

**410-955-6126 or 5-6126**

After hours Phone #:

**7-9727**

Email: [RadMRIResearchReg@exchange.johnshopkins.edu](mailto:RadMRIResearchReg@exchange.johnshopkins.edu)

**Please watch the direction video to help you find radiology registration.**

# How to Register and Check in Subjects

## Only for subject needing a report

- The paperwork needed prior to radiology registration :
  - 1) A copy of signed physician order in Epic with IMG Code 4338.
  - 2) A copy of completed MRI safety screen form .

**If any questions are answered yes on this form, please contact MRI technologists for MRI safety clarification.**

- **Pre-registration** 48 hours before the scan: email above the forms and name of scanner, scan date and scan time slot that you reserved to [RadMRIResearchReg@exchange.johnshopkins.edu](mailto:RadMRIResearchReg@exchange.johnshopkins.edu), CC to MRI technologists.
- **Check in** on the scan day: One hour before the scan time, bring above forms and escort the patient to the Radiology registration. **After hours check in, please call 7-9727.**

# Getting Subjects Ready for MRI Scans

- Arrive in our MRI waiting area 30 minutes prior to your scan time
- **Call/text MRI technologists for further direction.**  
Cindy 410-245-3223      Wendy 410-660-9444
- You will get a notification to bring your subject to the dressing room to get ready for your scan.
- Wear comfortable clothes or our hospital gown for the MRI scan. No athletic clothing (yoga pants), take off all jewelry except your rings and take off watch, wallet, keys, phone, etc.. **Secure all your personal belonging in a locked locker and bring the key with you.**
- **Use the restroom prior to MRI scan.**
- Make sure to notify the subject not have new hair style done before the scan. **No hair clips/bobby pins.**
- If the patient is claustrophobic, sedation is up to the PI to prescribe. The patient should bring medication with him/her on the scan day. **Don't take sedation medication until you contact MRI technologist.** The patient need to get to the scanner 45 minutes earlier and take a ride home after the scan.

# Paperwork needed for MRI scan

- [Accommodation Inquiry Form](#) (we only request it once when setting up the study)
- [MRI Screening Form](#): Complete during the initial recruitment process. All the questions should be asked and answered in detail. **Email the MRI techs if any answer is Yes**
- [MRI Identification Form/Deidentification Form](#)
  - If you are not getting a report, please complete the Identification form.
  - If you need your study images deidentified, (without your subject's personal information), please complete the De-identification form.

# How to get the image data

- Our center can send MRI image data to:  
PACS,  
a hard drive or flash drive,  
CD.
- If you need data in a hard drive/flash drive, Site Coordinator is responsible for bringing a hard drive/flash drive in every visit and upload the data to sponsor.

# Accommodation Inquiry form

Only acquired once after the protocol is set up. Please email it to MR techs.

## MRI Service Center

### Accommodation Inquiry

Welcome to the MRI Service Center! To help us better accommodate your new study, please check all that apply.

Please select a Scanner:

- ☐ 3.0T Siemens Prisma
- ☐ 3.0T Phillips XMR
- ☐ 1.5T Siemens Espree
  
- ☐ My study will require a Radiologist report.
- ☐ My study will require an anesthesia machine
- ☐ My study will require the assistance of an MRI technologist
- ☐ My study includes contrast injection
- ☐ I will need a copy of the images after each appointment
  - ☐ I prefer a CD
  - ☐ I will provide a USB or hard drive for every appointment
- ☐ My study is a functional brain scan that requires use of a projector.

My study is expected to start in about mm/dd/yyyy: \_\_\_\_\_

My protocol name that was assigned at the scanner: \_\_\_\_\_

**This is the protocol name that our center assigned for your study, which shows on the scanner.**

Principle Investigator:

Phone #

Research Coordinator

Phone #

# MRI Service Center

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Use this form if your patient is not getting a report.

## MRI Identification form

Use this form if your patients is not getting a report.

Please bring this form to MR techs for each scan on the scan day.

### MRI Research Study Identification Form

**This form will helps us to make sure that your images have your study name and ID information on them.**

Please fill out and print this form. You can put any identifiers on Name, ID and DOB that your study needs.

Please consult with MRI staff about your protocol name when you have set up new research study.

Patient Name to be used:

Patient ID to be used:

Weight:

Height:

Date of Birth to be used:

Provided Protocol name:

This is the protocol name that our center assigned for your study, which shows on the scanner.



# MRI De-Identification form

Use this form if your patient is getting a report, as well as de-identified images to upload to the study sponsor.

Please bring this form to MRI techs for each scan on the scan day.

## MRI Service Center

Use this form if your patient is getting a report, as well as de-identified images to upload to the study sponsor.

### MRI Research Study De-Identification Form

This form helps us make sure your images do not have unwanted information on them.

Please fill out and print this form. You can put any identifiers on Name, ID and DOB that your study needs.

Since your patient is getting a Radiology report, we will change the patient's information to what you provide on this form before uploading images to a CD or USB.

Please consult with MRI staff about your protocol name when you have set up new research study.

Patient name to be used:

Patient ID to be used:

Weight:

Height:

Date of Birth to be used:

Provided Protocol name:

This is the protocol name that our center assigned for your study, which shows on the scanner.

# MRI Screening form

Complete it Contact MR techs if any answer is **Yes**.  
Please bring it to MR techs for each scan.

- List of all surgeries and any implants.
- **Has the patient worked with metal**, cutting, grinding or pipe fitting, any accidents to the body, face or eyes with metal or glasses?
- **Does the patient wear a glucose monitor or infusion pump?**  
These devices are MR conditional or MR unsafe, meaning we need to communicate with physician about the feasibility of MR scan of the patient.
- **Does the patient have claustrophobia and need sedation to help them through their scan?** If yes, PI need to prescribe sedation and the patient brings it with him/her on the scan day.

The Johns Hopkins Hospital



MRI SCREENING

# MRI PATIENT SCREENING

Name

DOB: ( )

CSN:

DOS:

MRN:

EMRN:

Patient Identification Information

List all Surgeries: \_\_\_\_\_ ☐ No Known Surgeries

Patient Status: ☐ Capacitated ☐ Incapacitated ☐ Minor  
 If no: name of informant: \_\_\_\_\_  
 If no: Informants phone number \_\_\_\_\_  
 Is the Patient Pregnant? ☐ YES ☐ NO

What is the patients height? \_\_\_\_\_  
 What is the patients weight? \_\_\_\_\_  
 Does patient have a Gadolinium Allergy? ☐ YES ☐ NO  
 If yes, is patient pre-medicated? ☐ YES ☐ NO

Internal Defibrillator/Pacemaker ☐ YES ☐ NO  
 Implanted pump/stimulator/abandon wires ☐ YES ☐ NO  
 Continuous Glucose Monitor, Insulin pump, Diabetic Sensor ☐ YES ☐ NO  
 Tissue Expander ☐ YES ☐ NO  
 Blood Vessel Coil/Stent/Heart Valve/IVC Filter ☐ YES ☐ NO  
 Aneurysm Clip ☐ YES ☐ NO  
 Programmable Shunt ☐ YES ☐ NO  
 Cochlear Implant/Ear Implant/Hearing aide ☐ YES ☐ NO  
 Eye Implants/Eyelid Weights ☐ YES ☐ NO  
 History of Welding/Metal fragments in the eyes ☐ YES ☐ NO  
 Metal Tracheostomy ☐ YES ☐ NO  
 Harrington/MAGEC Rods ☐ YES ☐ NO  
 Penile Prosthesis ☐ YES ☐ NO  
 IUD ☐ YES ☐ NO  
 Body Piercings/Tattoos ☐ YES ☐ NO

Medication/Nicotine Patch ☐ YES ☐ NO  
 Endoscopy/Colonoscopy with capsule pill or clip placement in the last 8 weeks ☐ YES ☐ NO  
 Any implants or foreign objects (ex. Bullets, BBs, Shrapnel, metal object, artificial limb) ☐ YES ☐ NO  
 If Yes, List Here: \_\_\_\_\_  
 Any objects in or on the body not covered above ☐ YES ☐ NO  
 If Yes, List Here: \_\_\_\_\_  
 Claustrophobia or fear of tight places ☐ YES ☐ NO  
 Receiving Contrast ☐ YES ☐ NO  
**Select all that apply:** ☐ None  
☐ Allergy to Gadolinium ☐ AKI  
☐ CKD ☐ Diabetes  
☐ Dialysis ☐ Kidney Ablation  
☐ Kidney Transplant ☐ Partial Kidney Removal  
☐ Sickle Cell ☐ Single Kidney Removal

**Part A Patient or Guardian**  
 I attest that the above information is correct. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form, for the MRI procedure that is about to be performed.  
 Signature of ☐ Patient ☐ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Part B Provider** **If patient is not alert and oriented the provider must complete and sign**  
 I attest that the above information has been confirmed and is verified by: Patient's Family/Guardian ☐ Other ☐  
 Signature of Provider completing this form: \_\_\_\_\_ Signature \_\_\_\_\_ Provider ID number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Provider's Name: \_\_\_\_\_ Provider's Contact number: \_\_\_\_\_ Time: \_\_\_\_\_

**Part C Radiologist**  
 I attest and verify that there is NO metal in the imaged body part. Radiologist's Signature/ID number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**THIS SPACE IS FOR DEPARTMENT USE ONLY** **Orbits:** ☐ YES ☐ NO  
**Patient Wanded Prior to entering Zone4** ☐ YES ☐ NO **Pt given ear plugs / headset** ☐ YES ☐ NO  
 Initial Reviewed By: \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Final Reviewed By: \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_