Workflow of a New Study at MR Service Center

Point of contact:

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At least 1 week prior to the scan day:

• Register an iLab account (as a PI or a lab member) for scheduling MR scanner.
• Submit an Access Request at iLab.
• Contact Dr. Miao for MR protocol setup, functional MRI paradigm, and phantom test. A unique protocol name will be assigned, which should be used for future correspondence and in iLab.
• Email MRI techs to provide details of the study:
  1. Accommodation Inquiry Form
  2. discuss the scan duration to book
• After all the steps above are finished: Schedule the scanner at iLab.

When recruiting the participants:

• Complete the MRI Screening Form during the initial recruitment process. All the questions should be asked and answered in detail. Let the MRI techs know if any concerns at least 2 business days prior to the scan day.
• Let the participants be aware of our clothing policy.
• Please ensure your patient is registered in the CRMS system. https://ictr.johnshopkins.edu/programs_resources/programs-resources/i2c/clinical-research-management-system-crms/

On the scan day

• Coordinators should bring:
  1. MRI Screening Form
  2. De-identification form

• If you do NOT need a report:
  • Coordinators should bring the participant to the MRI Dept. 0.5 hour before the scheduled scan time and have a seat in the waiting area.

• If you need a report:
  • An order will need to be placed in EPIC using the IMG Code 4338. This is a Research w/ Read Code.
  • Prior to going to the MRI Dept., you will need to go to Room B138 (which is down the hall towards Nuclear Medicine) to register your pt. Please give the completed MRI screening form to the registrar. After that is completed, please proceed to the MRI Dept 0.5 hour before the scan time.
  • When you arrive at MRI Dept. please notify the MRI techs by call or text that you have arrived. Please do not email.

* Please use the hyperlinks in the workflow to direct you through the document.
Register as a PI

1. Navigate to the core page:
   https://johnshopkins.corefacilities.org/service_center/show_external/5632/mri_service_center

2. Use your JHED credential and password to sign into iLab

3. If you have no other lab members to add, STOP here. If you have other members to add to your group, click the "menu" button and click 'my groups'. Then select your lab to continue.

4. New membership requests will show at the top of the ‘Membership Requests & Cost Objects’ tab. Click “Approve” to accept a member into your lab.

5. To assign any Cost Objects to a member of your lab, find the member under “Manage Cost Objects” section below the “Membership Requests” section. Select the checkbox(es) to the right of their name for the Cost Object(s) you wish to assign them. **You must assign at least one Cost Object to the lab member(s) who will make scanner reservations.**

6. Under the “Members” panel, you can set the auto-approval amount if you do not wish to approve service requests below a certain dollar amount.
Register as a lab member

1. Navigate to the core page:
https://johnshopkins.corefacilities.org/service_center/show_external/5632/mri_service_center

2. Use your JHED credential and password to sign into iLab

3. Click the “menu” button and select 'my groups'.

4. Under “My group”, select “Request Group Access”.

5. Type Institute and PI’s name:

6. Click “Request Access”.

Your PI will receive a notification that you have requested membership to their lab in iLab. They will need to approve your membership and assign any Cost Objects for your use.
Submit an Access Request to MRI Service Center

1. Navigate to the core page:
   https://johnshopkins.corefacilities.org/service_center/show_external/5632/mri_service_center

2. Enter your JHED credential and password, and sign in.

3. Select the “Request Access”

   ![MRI Service Center](image)

4. Click on the “request service” button

   Request for access to MRI scanners
   Please initiate this request to gain access to the scheduling system of our MRI scanners.

5. Complete the form and click on “submit request to researcher” at the lower-right bottom of the page once the form is finished.

6. Your request will be pending review by the MRI Service Center. The staff will review your request and either Agree to the work or will ask for more information if needed.
Create a Reservation for your MRI scan

1. Click the “Schedule Equipment” tab, and at the bottom of the page, select the scanner you are going to use.

2. A calendar of the target scanner will open. On this calendar, click and drag on the time frame you would like to reserve.

3. A window will pop up that will allow you to adjust time and fill in the details of your reservation.
   - Under “Required forms”, fields indicated by * must be filled.
   - Times can be adjusted by clicking the pencil sign.
   - If you need an MRI Tech to operate the scanner for you, you must check the “Reserve” box under "Reserve time on a linked schedule" and select an available MRI Tech (MRI Tech 1 or MRI Tech 2) to avoid double booking.
   - Please check in the required field on your iLab reservation details page if contrast, or anesthesia machine is needed.
   - Please make sure to input the protocol name that the MR Physicist assigned you.
   - Payment information must be provided by selecting the Cost Object in the drop-down menu.

4. Once completed the form, click the “Save Reservation” button to finish.
MRI Screening Form

This form should be completed during the initial recruitment process. All the questions should be asked and answered in detail. This would include:

● A list of all surgeries, and any implants.
● If the patient has EVER worked with metal, cutting, grinding or pipe fitting, any accidents to the body, face or eyes with metal or glass.
● Does the patient wear a glucose monitor or infusion pump? These devices can be expensive and are not ok to go into an MRI environment. Scheduling around changing these devices will help avoid inconveniencing the patient.
● Does your patient needs sedation to help them through their scan?

If any of these or any of the other questions asked have a YES reply, they must be investigated at least 2 business days prior to the scheduled exam. This enables us to investigate any and all issues completely. Please email MRI techs with any and all pertinent information. Please also be sure to have the pts Name, MRN and DOB on top of this form.
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 by MR physicist: ________________________

Principle Investigator:

Phone #

Research Coordinator

Phone #
This form helps us make sure your images do not have unwanted information on them. Please be sure to print and fill out this form for each patient if your study requires de-identified images. If your patient is receiving a Radiologist report, we will change the patient’s information to what you provide on this form before uploading images to a CD or drive. If your patient is not receiving a Radiologist report we will enter, into the scanner, the information you provide below.

The following are required fields to begin your patient’s scan. Please keep in mind most of this information will appear on the images.

Patient name:  

Patient ID:  

Weight:  

Height:  

Date of Birth:  

Provided Protocol name:
# MRI Screening Form

## MRI Patient Screening

### List All Allergies:

- [ ] No Known Allergies

### List All Surgeries:

- [ ] No Known Surgeries

<table>
<thead>
<tr>
<th>Procedure</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmable Shunt</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Pacemaker/Internal Defibrillator</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Stimulator/Wires</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Tissue Expander</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Aneurysm Clips</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Epidural/Swan Ganz catheter</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Blood Vessel Coil/Stent Placement</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Insulin or Pain Infusion Pump</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Artificial Limb</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>IVC Filter</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Harrington Rods</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Renal Disease: CKD, AKI, Renal</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Transplant, Total Nephrectomy</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Partial Nephrectomy, Single Kidney</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Renal Ablation</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>On Dialysis</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Age:</td>
<td>Weight (lbs):</td>
<td>Height:</td>
</tr>
</tbody>
</table>

### 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:  

Provider ID number:  

Date:  Time:  

Print Provider's Name:  

Provider's Contact number:  

Date/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 Zone 4:  | 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:  

15-642-0033 (9/20)
This clothing policy applies to all MRI exams across the Johns Hopkins Hospital and Johns Hopkins Medical imaging sites.

Why it's important

The MRI scanner has a large magnet that is always on and any metallic items can become a hazard, including keys, coins, zippers, snaps, hooks, or microfibers in clothing.

Many fabrics in street clothing like pants, shirts, undergarments and socks include antimicrobial or antiperspirant microfibers that are not mentioned on the labeling and can look identical to clothing without these fibers. Microfibers can heat up during an MRI exam and cause severe burns to the skin, as seen in these patient examples:

Changing into MRI Safe Clothing

To keep patients safe, our facility has implemented a clothing policy for patients undergoing an MRI exam. For your safety, we require all patients to change out of their street clothing and into provided MRI safe clothing. Not following this request will lead to the cancellation of your exam.

Safety Is Our Priority

Johns Hopkins follows all procedures that minimize risks to our patients and staff. Your safety is our number one concern and priority at all times.

Thank you for your cooperation so we can keep you safe

MRI Team at Johns Hopkins