



INFORMATION SHEET FOR PATIENTS

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You are having a magnetic resonance imaging (MRI) scan performed and subsequently analyzed by TBIFinder because you have and/or had experienced mild traumatic brain injury (mTBI) or concussion like symptoms. In order to decide whether or not you want to have this scanning performed, you should understand what is involved and the potential risks and benefits. This form gives detailed information about the session, which will also be discussed with you the day of your scan. Please take your time to make your decision and feel free to discuss with friends, family, and your clinical team.

WHAT IS THE PURPOSE OF THIS SCAN?

Mild traumatic brain injury (mTBI), commonly known as concussion, is a devastating condition that severely affects millions of people around the world. Concussion victims are also left struggling with their symptoms for extended and unpredictable amounts of time because current injury diagnosis is subjective, inaccurate, and uninformative. Due to these circumstances, patients often do not receive proper care which propagates their injury and leaves them with ongoing symptoms. TBIFinder therefore revolutionizes the brain injury treatment process by objectively analyzing MRI pictures to provide a comprehensive injury assessment. Using conventional MRI scans, we apply sophisticated mathematical algorithms to identify if any structural or functional injuries exist in your brain. At TBIFinder, we provide evidence that a concussion exists and link our MRI findings with relevant clinical symptoms.



WHAT IS MY RESPONSIBILITY DURING THE SCAN?

Before the MRI scan, you will be asked to complete a post-concussion symptoms score (PCSS) questionnaire (attached). Additionally a MRI safety screening questionnaire (attached) is required to ensure that you can proceed with the MRI scan. You will also be asked to fill in this questionnaire again by the MRI technologist upon arriving at the MRI scanner to ensure nothing was missed or forgotten. After this screening you will be asked to remove all metallic objects (i.e. wallet, piercings, and jewelry) and change into a cotton hospital gown. This is done because certain types of clothing are either not safe to wear in the MRI or produce artifacts on the scan. You will then enter the scanner where a technologist will assist you onto the table making sure you are comfortable. Earplugs will be provided to dampen the noises from the scanner and you will be asked to do your best to stay still throughout the entire scan. The scan will begin, and the MRI will obtain a series of pictures of your brain. You will be able to communicate with staff at **all** times during the scan and have the ability to squeeze an emergency call bell at any time to stop the scan. Once the scanning session is over, the technologist will enter the MRI room and help you to leave the scanner. Then you can change back into your regular clothes and be on your way.

The hospital where you had the MRI scan performed will be in contact with TBIFinder immediately following the scan. They will ensure your pictures are sent to TBIFinder using a secure and encrypted data transfer method. Once the pictures are with TBIFinder the algorithms will produce results within about a day. These will then be sent directly to the legal or medical entity that submitted the request, who will in turn discuss the results with you.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

The known risks of MRI are very low. You may experience mild discomfort from the noise of the scanner and the confined space which, in some people, can bring on anxiety. During scanning, you may experience slight warming of your skin. But this sensation is quite normal to occur in some people and is not caused by radiation such as x-rays. There are no known risk to pregnant women and to an unborn child (embryo or fetus), but it is recommended that if you are pregnant you mention this to the MRI technologist as it could affect some algorithms that are used to assess the pictures.



A SUMMARY of WHAT to EXPECT

Thank you for participating in TBIFinder and we wish you a most enjoyable experience with our service. In order to be comfortable with our venture, you should understand what it involves. This form gives information about the overall experience and explains what your eventual visit will entail. Once you understand our procedure, you will be asked to sign the attached form if you wish to continue.

- During your visit, groups of pictures will be taken of your brain using an MRI machine.
- The total MRI scan time will last for 1 hour.
- Before entering the MRI, please ensure that you are able to **REMOVE ALL METAL OBJECTS** including body piercings, jewelry, hair-pieces/pins.
- Before entering the MRI, you will also be asked to change into a provided hospital gown. You will also be provided earplugs to reduce MRI noise.
- Once you have entered the MRI, a qualified technologist will be in contact with you throughout the duration of the session using the audio system in the MRI to ensure that you are comfortable and to indicate session progress.
- You will then be asked to stay still throughout the entire scan. Discomfort will be minimized by providing extra pillows and blankets for support.
- Remember that all procedures are non-invasive and involve minimal risks. **HOWEVER, IF YOU FEEL YOU COULD EXHIBIT DISCOMFORT OR ARE SUSCEPTIBLE TO CLAUSTROPHOBIA, PLEASE ADVISE TBIFINDER BEFORE WE SCHEDULE THE MRI APPOINTMENT.**
- Ensure that the information is correct to the best of your knowledge and that you have read and understood the entire contents of this form. If you have any questions, direct them to admin@tbifinder.com



SCAN DATE: _____

PATIENT NAME: _____ WEIGHT: _____

DATE OF BIRTH: _____ SEX: _____

DATE OF INJURY: _____

PLEASE ANSWER THE FOLLOWING SAFETY QUESTIONS: Yes No

- 1. Have you had a previous MRI? Yes No
- 2. Have you ever had a metallic foreign body in your eye that was **Not** completely removed? Yes No
- 3. Are you claustrophobic requiring sedation? Yes No
(Oral sedation provided by referring Physician)
- 4. Could you be pregnant? Yes No
- 5. Do you have a history of concussions? If yes, please provide details below: Yes No
How many?: _____ When?: _____

DO YOU HAVE ANY OF THE FOLLOWING?

- 6. Pacemaker / Defibrillator? Yes No
- 7. Cardiac Stent? Date/Hospital: _____ Yes No
- 8. Brain Aneurysm Clip? Yes No
- 9. Ear/Cochlear Implant? Yes No
- 10. Neurostimulator or Infusion pump? Yes No
- 11. Shrapnel / Bullets? Yes No
- 12. Medicine Patch or Tattoo? Yes No
- 13. Do you have any piercings? If yes, please remove them the MRI session Yes No
- 14. Other implanted devices? If yes, please provide details below: Yes No

- 15. Have you had any surgeries? If yes, please provide details below: Yes No

Participant Initials _____



Post Concussion Symptom Scale (PCSS)
No symptoms "0"-----Moderate "3"-----Severe "6"

SYMPTOMS

Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble falling to sleep	0	1	2	3	4	5	6
Excessive sleep	0	1	2	3	4	5	6
Loss of sleep	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Light sensitivity	0	1	2	3	4	5	6
Noise sensitivity	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervousness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Numbness	0	1	2	3	4	5	6
Feeling "slow"	0	1	2	3	4	5	6
Feeling "foggy"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Visual problems	0	1	2	3	4	5	6

List any additional symptoms

Participant Initials _____