

# Testing and Labeling Medical Devices for Safety in the Magnetic Resonance (MR) Environment

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## Draft Guidance for Industry and Food and Drug Administration Staff *DRAFT GUIDANCE*

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For questions about this document, contact the Office of Science & Engineering Laboratories (OSEL), Terry O. Woods, Ph.D. at [terry.woods@fda.hhs.gov](mailto:terry.woods@fda.hhs.gov) or (301) 796-2503 or the Division of Applied Mechanics at (301) 796-2501.

**When final, this guidance will supersede FDA's Guidance entitled "[Establishing Safety and Compatibility of Passive Implants in the Magnetic Resonance \(MR\) Environment](#)," dated December 11, 2014.**



U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Devices and Radiological Health

## **Preface**

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DRAFT

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# Testing and Labeling Medical Devices for Safety in the Magnetic Resonance (MR) Environment

## Draft Guidance for Industry and Food and Drug Administration Staff

*This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff or Office responsible for this guidance as listed on the title page.*

### I. Introduction

This draft guidance document provides Food and Drug Administration's (FDA's or the Agency's) recommendations on testing to assess the safety and compatibility of medical devices in the Magnetic Resonance (MR) Environment and the recommended format for Magnetic Resonance Imaging (MRI) Safety Information in medical device labeling. When final, this guidance will supersede FDA's Guidance entitled "[Establishing Safety and Compatibility of Passive Implants in the Magnetic Resonance \(MR\) Environment](#),"<sup>1</sup> dated December 11, 2014.

For the current edition of the FDA-recognized standard(s) referenced in this document, see the [FDA Recognized Consensus Standards Database](#).<sup>2</sup> For more information regarding use of consensus standards in regulatory submissions, please refer to the FDA guidance titled "[Appropriate Use of Voluntary Consensus Standards in Premarket Submissions for Medical Devices](#)."<sup>3</sup>

<sup>1</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/establishing-safety-and-compatibility-passive-implants-magnetic-resonance-mr-environment>

<sup>2</sup> Available at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfStandards/search.cfm>

<sup>3</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/appropriate-use-voluntary-consensus-standards-premarket-submissions-medical-devices>

29  
30 FDA's guidance documents, including this draft guidance, do not establish legally  
31 enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a  
32 topic and should be viewed only as recommendations, unless specific regulatory or statutory  
33 requirements are cited. The use of the word *should* in Agency guidance means that  
34 something is suggested or recommended, but not required.

## 35 **II. Scope**

36 This guidance document applies to all implanted medical devices, external medical devices  
37 that are fastened to or carried by a patient (e.g., external insulin pump), and all medical  
38 devices that are intended to enter the MR environment. This guidance document does not  
39 apply to the MR system. This guidance document provides recommendations on MR safety  
40 and compatibility assessments and labeling information that should be included in premarket  
41 submissions (i.e., premarket approval (PMA) applications, humanitarian device exemption  
42 (HDE) applications, premarket notification (510(k)) submissions, investigational device  
43 exemption (IDE) applications, and De Novo requests).

## 44 **III. Terminology**

45 We recommend using the following terminology when testing your medical device for safety  
46 in the MR environment and labeling your medical device with one of the three standardized  
47 terms: MR Safe, MR Unsafe and MR Conditional.

48  
49 **Active medical device**—"medical device relying for its functioning on a source of electrical  
50 energy or any source of power other than that directly generated by the human body or  
51 gravity"<sup>4</sup>

52  
53 **Active implantable medical device (AIMD)**—"active medical device which is intended to  
54 be totally or partially introduced, surgically or medically, into the human body or by medical  
55 intervention into a natural orifice, and which is intended to remain after the procedure"<sup>5</sup>

56  
57 **Controlled Access Area**—"area around the MR system, to which access is controlled to  
58 prevent harm from the magnetic field"<sup>6</sup>

59  
60 **Magnetic Resonance (MR) environment**—the three-dimensional volume of space  
61 surrounding the MR magnet that contains both the Faraday shielded volume and the 0.50 mT  
62 field contour (5 gauss (G) line). This volume is the region in which a medical device might

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<sup>4</sup> ISO 14708-1:2014 Active implantable medical devices -- Part 1: General requirements for safety, marking and for information to be provided by the manufacturer

<sup>5</sup> ISO 14708-1:2014 Active implantable medical devices -- Part 1: General requirements for safety, marking and for information to be provided by the manufacturer

<sup>6</sup> IEC 60601-2-33:2010+AMD1:2013+AMD2:2015 CSV Medical electrical equipment -- Part 2-33: Particular requirements for the basic safety and essential performance of magnetic resonance equipment for medical diagnosis

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*Draft - Not for Implementation*

63 pose a hazard from exposure to the electromagnetic fields produced by the MR equipment  
64 and accessories<sup>7</sup>

65

66 **Magnetic Resonance (MR) System**—"ensemble of MR equipment, accessories including  
67 means for display, control, energy supplies, and the controlled access area, where provided"<sup>8</sup>

68

69 **MR Conditional**—a medical device with demonstrated safety in the MR environment within  
70 defined conditions. At a minimum, addresses the conditions of the static magnetic field, the  
71 switched gradient magnetic field, and the radiofrequency fields. Additional conditions,  
72 including specific configurations of the medical device, may be warranted<sup>9</sup>

73

74 **MR Safe**—a medical device that poses no known hazards resulting from exposure to any  
75 MR environment. MR Safe medical devices are composed of materials that are electrically  
76 nonconductive, nonmetallic, and nonmagnetic<sup>10</sup>

77

78 **MR Unsafe**—a medical device which poses unacceptable risks to the patient, medical staff  
79 or other persons within the MR environment<sup>11</sup>

80

81 **Passive implant**—an implant that serves its function without supply of electrical power<sup>12</sup>

## 82 **IV. Relevant Standards and Guidance Documents**

83 The following FDA-recognized standards and guidance documents may be useful when  
84 assessing the safety of a medical device within the MR environment or developing MRI  
85 Safety Information for the medical device labeling. These are general or cross-cutting  
86 standards or guidances applied broadly to many medical devices. There may be standards  
87 relating to specific medical devices that may also have relevant information to MR safety but  
88 are not explicitly included in this list. Device-specific guidances may also include additional  
89 recommendations for MR safety testing and labeling.<sup>13</sup>

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<sup>7</sup> Adapted from ASTM F2503-13 Standard Practice for Marking Medical Devices and other Items for Safety in the Magnetic Resonance Environment, which defines the volume as a "region in which an item might pose a hazard."

<sup>8</sup> IEC 60601-2-33:2010+AMD1:2013+AMD2:2015 CSV Medical electrical equipment ---- Part 2-33: Particular requirements for the basic safety and essential performance of magnetic resonance equipment for medical diagnosis

<sup>9</sup> Adapted from ASTM F2503-13 Standard Practice for Marking Medical Devices and other Items for Safety in the Magnetic Resonance Environment which defines "an item with demonstrated safety" and "... specific configurations of the item, may be required"

<sup>10</sup> Adapted from ASTM F2503-13 Standard Practice for Marking Medical Devices and other Items for Safety in the Magnetic Resonance Environment which defines "an item that poses no known hazards" and "MR Safe items..."

<sup>11</sup> Adapted from ASTM F2503-13 Standard Practice for Marking Medical Devices and other Items for Safety in the Magnetic Resonance Environment which defines "an item which poses unacceptable risks"

<sup>12</sup> ASTM F2182-11a Standard Test Method for Measurement of Measurement of Radio Frequency Induced Heating Near Passive Implants During Magnetic Resonance Imaging

<sup>13</sup> See: <https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/default.htm>

90           **A. Standards**

91 For the current edition of the FDA-recognized standards referenced in this document, see the  
92 [FDA Recognized Consensus Standards Database](#).<sup>14</sup>

- 93
- 94 1. ASTM F2052 *Standard Test Method for Measurement of Magnetically Induced*  
95 *Displacement Force on Medical Devices in the Magnetic Resonance Environment.*
- 96 2. ASTM F2119 *Standard Test Method for Evaluation of MR Image Artifacts from Passive*  
97 *Implants.*
- 98 3. ASTM F2182 *Standard Test Method for Measurement of Measurement of Radio*  
99 *Frequency Induced Heating Near Passive Implants During Magnetic Resonance Imaging.*
- 100 4. ASTM F2213 *Standard Test Method for Measurement of Magnetically Induced Torque*  
101 *on Medical Devices in the Magnetic Resonance Environment.*
- 102 5. ASTM F2503 *Standard Practice for Marking Medical Devices and Other Items for*  
103 *Safety in the Magnetic Resonance Environment.*
- 104 6. ISO/TS 10974 *Assessment of the safety of magnetic resonance imaging for patients with*  
105 *an active implantable medical device.*

106           NOTE: As of the date of the issuance of this guidance, ISO/TS 10974 contained  
107 extensive information addressing the introduction of active implantable medical devices  
108 (AIMDs) into the MR environment. While the scope of ISO/TS 10974 is AIMDs, it  
109 contains detailed information about hazards for medical devices in the MR environment  
110 and methods for assessing specific hazards that can be useful for other types of medical  
111 devices.

112           **B. Guidance Documents**

- 113 1. [“The Assessment of Radiofrequency-Induced Heating in the Magnetic Resonance \(MR\)](#)  
114 [Environment for Multi-Configuration Passive Medical Devices”](#) guidance issued March 22,  
115 [2016](#)<sup>15</sup>
- 116 2. [“Reporting of Computational Modeling Studies in Medical Device Submissions”](#)  
117 [guidance issued on September 21, 2016](#)<sup>16</sup>
- 118
- 119 3. [“Requests for Feedback and Meetings for Medical Device Submissions: The Q-](#)  
120 [Submission Program”](#) guidance issued May 7, 2019<sup>17</sup>
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<sup>14</sup> Available at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfStandards/search.cfm>

<sup>15</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/assessment-radiofrequency-induced-heating-magnetic-resonance-mr-environment-multi-configuration>

<sup>16</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/reporting-computational-modeling-studies-medical-device-submissions>

<sup>17</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/requests-feedback-and-meetings-medical-device-submissions-q-submission-program>

122 4. [“Recommended Content and Format of Complete Test Reports for Non-Clinical Bench](#)  
123 [Performance Testing in Premarket Submissions”](#) guidance issued on April 26, 2019<sup>18</sup>

124 5. [“Submission of Premarket Notifications for Magnetic Resonance Diagnostic Devices”](#)  
125 [guidance issued on November 18, 2016](#)<sup>19</sup>

126

## 127 **V. Addressing Hazards for Medical Devices in the MR** 128 **Environment**

129 The MR environment presents unique safety hazards for patients and other persons with  
130 medical devices near or inside an MR system.<sup>20</sup> Ensuring safety and effectiveness for  
131 implants and other medical devices intended to enter the MR environment should be an  
132 integral part of the medical device risk management. Appropriate testing and analyses,  
133 scientific rationale, and labeling, such as well supported MR Conditional labeling as  
134 described below, form the basis of adequate mitigations for the unique safety hazards of the  
135 MR environment.

136

137 The hazards for patients and other persons caused by the presence of a medical device in the  
138 MR environment are listed and described below. Standardized test methods that address  
139 specific hazards are listed in the relevant section below. When available, standardized test  
140 methods to address specific hazards should be used. Additionally, the worst-case medical  
141 device or medical device configuration may vary for different hazards as described in the  
142 individual sections below.

143

144 The safety and performance of a medical device should be assessed for each magnetic field  
145 strength (e.g., 1.5 T and 3.0 T) MR system to which the medical device may be exposed. A  
146 medical device that is MR Conditional in a 1.5 T MR system may be unsafe in higher or  
147 lower field MR systems. For instance, depending on the size and shape of the device, device  
148 heating may be greater or less in MR systems with higher or lower magnetic field strength.  
149 The characteristics of the static magnetic field, gradient magnetic fields and radiofrequency  
150 coils vary significantly and thus can lead to different risk profiles. For electrically active  
151 medical devices that are intended to function during the MR procedure or in the MR  
152 environment, for instance an electrically active medical device that is intended to monitor the  
153 patient or deliver therapy, appropriate testing to demonstrate safe use during the MR exam  
154 should be performed. Testing may not be warranted if an adequate scientific rationale is  
155 provided.

156

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<sup>18</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/recommended-content-and-format-non-clinical-bench-performance-testing-information-premarket>

<sup>19</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/submission-premarket-notifications-magnetic-resonance-diagnostic-devices>

<sup>20</sup> Woods, T.O. “MRI Safety” in Wiley Encyclopedia of Biomedical Engineering (Metin Akay, ed.) Hoboken: John Wiley & Sons, Inc., 2006, pp. 2360-2371.



157 Because the appropriate testing varies for different medical device types, if you have  
158 questions about the most appropriate testing for your specific medical device, we encourage  
159 you to seek input from FDA as you develop the specific test plan for your medical device.  
160 See the FDA guidance “[Requests for Feedback and Meetings for Medical Device](#)  
161 [Submissions: The Q- Submission Program](#)”<sup>21</sup> for more information on constructing your pre-  
162 submission.

## 163 **A. Magnetically Induced Displacement Force**

164 Both the static magnetic field and the spatial field gradient of the static magnetic field induce  
165 forces on magnetic materials. This magnetically induced displacement force may cause tissue  
166 damage by inducing unwanted movement of the medical device.  
167

168 This hazard should be addressed for all medical devices intended to enter the MR  
169 environment. For relatively small medical devices that can be suspended from a string,  
170 ASTM F2052 provides a test method for the measurement of magnetically induced  
171 displacement force. For medical devices that are too large to suspend from a string, we  
172 recommend you develop alternate test methods.  
173

174 For medical devices that come in multiple sizes, the medical device with the greatest mass, or  
175 with the largest proportion of magnetic material to total mass, is typically the worst-case for  
176 the assessment of magnetically induced displacement force.  
177

178 To mitigate the possibility of a projectile event for medical devices intended to be used inside  
179 the MRI scanner room but outside the MR system bore (e.g., ventilators and anesthesia  
180 systems), we recommend that the medical device be permanently secured so that it may not  
181 be moved into a hazardous area. If this is not possible, we recommend that you include one  
182 or more of the following as part of your medical device: dead man breaks, gauss meters  
183 mounted on the medical device, and tethers.  
184

185 A magnetically induced deflection force of less than or equal to the gravitational force on the  
186 medical device is often used as a conservative acceptance criterion. A greater magnetically  
187 induced deflection force may be acceptable for implants or medical devices that are fastened  
188 to a patient depending on the properties of the tissue adjacent to the implant or medical  
189 device and the means by which an external medical device is fastened to the patient.

190 Similarly, an acceptance criterion greater than the gravitational force may be used for a  
191 medical device that is not attached to a patient if a system is provided to prevent the device  
192 from entering the region in which it would becoming a projectile. Such restraint systems  
193 might include permanent mounting to the MR system room, tethers, dead man breaks and  
194 gauss alarms.

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<sup>21</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/requests-feedback-and-meetings-medical-device-submissions-q-submission-program>

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**B. Magnetically Induced Torque**

The MR system’s static magnetic field induces a torque on magnetic materials. This magnetically induced torque may cause tissue damage by inducing unwanted movement of the medical device.

This hazard should be addressed for all medical devices intended to enter the bore of the MR system. ASTM F2213 provides standard methods for measuring magnetically induced torque.

For metallic medical devices that come in multiple sizes, the longest medical device generally serves as a worst-case for assessing magnetically induced torque.

A magnetically induced torque of less than or equal to the gravitational torque on the medical device is often used as a conservative acceptance criterion. A greater magnetically induced torque may be acceptable depending on the type of tissue adjacent to the medical device or the means by which an external medical device is fastened to the patient or restrained from moving when it is within the MR system bore.

**C. Heating**

The radiofrequency (RF) and switching gradient fields (dB/dt) of the MR system can induce heating of the tissue adjacent to the medical device and/or heating of the medical device itself. This hazard should be addressed for all medical devices intended to enter the bore of the MR system.

**RF induced heating**

RF induced tissue heating is a complex interaction that depends on many variables, including the characteristics of the RF coil of the MR system (e.g., geometry, materials, physical properties), the RF transmit mode (e.g., circularly polarized, multi-channel-2 (MC-2)), as well as patient anatomy, tissue properties, and position with respect to the RF coil (i.e., imaging landmark). In addition, for patients with implanted or patient-contacting medical devices, the RF heating also depends on the medical device characteristics (e.g., geometry, materials, physical properties) and location within the field and within or on the patient. The RF safety evaluation of medical devices intended to be used within the MR environment should take into consideration all these variables to ensure that a clinically relevant worst-case heating scenario is assessed. Such evaluation can include appropriate experimental measurements, computational modeling and simulations (e.g., virtual anatomical models), data from scientific literature, and/or scientific rationale.

In this context, medical devices are typically categorized as fully implanted passive medical devices (e.g., stents, clips, screws, plates, heart valves, hip implants), AIMDs (e.g., neurostimulators, pacemakers, cochlear implants), partially implanted medical devices (e.g., MR-guided ablation catheters, orthopedic external fixators), or medical devices that are external and connected to the body (e.g., EEG electrodes, EKG electrodes, pulse oximeters).

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238 For fully implanted passive medical devices, ASTM F2182 provides a method for  
239 measurement of RF-induced heating. The [FDA Guidance Document on the “Assessment of](#)  
240 [Radiofrequency Induced Heating in the Magnetic Resonance \(MR\) Environment for Multi-](#)  
241 [Configuration Passive Medical Devices”](#)<sup>22</sup> provides information that may assist in  
242 determining worst-case configurations used to assess RF induced heating in passive medical  
243 devices. Note that this guidance may also be used to determine the location of greatest  
244 expected temperature rise for passive medical devices with a single configuration (e.g.,  
245 stents).

246  
247 A medical device with deployed dimensions of less than 2 cm in all directions and at least 3  
248 cm from another metallic medical device does not need to be tested with respect to RF  
249 induced heating at 3.0 T or less, as it is expected to generate a change in temperature of less  
250 than 2°C over 1 hour of exposure at 1.5 T and 3.0 T frequencies. This condition is not valid  
251 when multiple replicas of the medical device (e.g., multiple anchors) are implanted within 3  
252 cm of the medical device. The 3 cm distance is recommended to avoid any RF coupling with  
253 other neighboring medical devices. The above values were derived from data in prior  
254 premarket submissions and literature.<sup>23, 24, 25</sup>

255  
256 For AIMDs, ISO/TS 10974 provides a tiered approach for assessing RF induced heating.

257  
258 There are no standard methods for assessing RF induced heating in the MR environment for  
259 partially implanted medical devices or medical devices that are external and patient-  
260 contacting. Because it was developed for fully implanted medical devices, the phantom test  
261 described in ASTM F2182 may not be appropriate for this purpose. Therefore, we  
262 recommend that you seek feedback through the Q-submission process on the proposed test  
263 plan for assessing heating of medical devices that are patient contacting and not implanted or  
264 are partially implanted.

265  
266 Acceptance criteria for the temperature/time dose should be established based on the location  
267 of the medical device in or on the body using scientific rationale or existing literature. No  
268 rationale is needed for a temperature increase of less than or equal to 2° C.<sup>26</sup>

269  
270 **Heating induced by switched magnetic field gradients, (dB/dt)**  
271 Exposure to switched magnetic fields (gradient pulses) can induce eddy currents on  
272 conductive surfaces of metallic implants, and in conductive loops of leads and wires placed

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<sup>22</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/assessment-radiofrequency-induced-heating-magnetic-resonance-mr-environment-multi-configuration>

<sup>23</sup> Song, T., Xu, Z., Iacono, M.I., Angelone, L.M., Rajan, S.S., “Retrospective Analysis of RF Heating measurements of Passive Medical Implants,” *Magn Reson Med.*, 2018, pp. 2726–2730.  
<http://dx.doi.org/10.1002/mrm.27346>.

<sup>24</sup> Yeung, C.J., Susil, R.C., Atalar, E., “RF Safety of Wires in Interventional MRI: Using a Safety Index,” *Magn Reson Med*, 2002, pp. 187–193.

<sup>25</sup> ISO\_14708-3-2017 Implants for surgery - Active implantable medical devices — Part 3: Implantable neurostimulators

<sup>26</sup> ISO\_14708-3-2017 Implants for surgery - Active implantable medical devices — Part 3: Implantable neurostimulators

273 inside the bore of the MR system. The power deposited by the magnetic field gradient pulse  
274 is primarily determined by the surface area and thickness of the conductor, rate of change of  
275 the magnetic field, electrical conductivity, and the relative orientation of the conductive  
276 loops.

277  
278 ISO/TS 10974 includes test methods for the assessment of gradient induced medical device  
279 heating for AIMDs. There are no standard test methods for the assessment of gradient  
280 induced heating for passive medical devices. The methods in ISO/TS 10974 may be adopted  
281 to be used more broadly.

282  
283 Due to the rapid drop-off of the gradient fields outside the MR system bore, gradient induced  
284 heating does not pose a hazard for medical devices located outside the bore.

285  
286 Acceptance criteria for temperature/time dose should be established based on the location of  
287 the medical device in or on the body using scientific rationale or existing literature. No  
288 rationale is needed for a temperature increase of less than or equal to 2 °C.<sup>27</sup>

289  
290 The 510(k) Summary or the Summary of Safety and Effectiveness Decision (SSED) should  
291 include the acceptance criteria upon which the allowable heating was determined. For  
292 example: A local temperature rise of <insert temperature> for <insert number of minutes> is  
293 not expected to produce thermal injury in tissue adjacent to the device.”

#### 294 **D. Gradient Induced Vibration**

295 The MR system’s pulsed gradient magnetic fields may induce forces on metallic medical  
296 devices that result in vibration of the device. This gradient induced vibration may lead to  
297 device malfunction or tissue damage. This hazard should be addressed for all AIMDs.  
298 ISO/TS 10974 provides a test method for the assessment of gradient induced vibration for  
299 AIMDs. Due to the typical small planar surface area, gradient induced vibration is generally  
300 not expected to pose a hazard for tissue damage or medical device malfunction for passive  
301 medical devices.

302  
303 Acceptance criteria should be established based on the location of the medical device in or on  
304 the body using scientific rationale or existing literature.

#### 305 **E. Gradient Induced Extrinsic Electrical Potential** 306 **(Unintended Stimulation)**

307 The switched magnetic fields from gradient pulses used in the MR exam can induce an  
308 electric potential at the electrodes of a lead. Extrinsic electric potential may develop within a  
309 single AIMD lead (intra-lead), between electrodes of a multi-lead AIMD (inter-lead), or  
310 between electrodes and a conductive AIMD enclosure in contact with tissue. The induced  
311 voltage can drive currents that can cause unintended physiologic stimulation or medical

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<sup>27</sup> ISO\_14708-3-2017 Implants for surgery - Active implantable medical devices — Part 3: Implantable neurostimulators

312 device malfunction. This hazard should be addressed for AIMDs and partially implanted  
313 active medical devices that contact neural or muscular tissue.

314

315 The tests outlined in ISO/TS 10974 measure the amount of unintended charge and the current  
316 flow due to the pulsed gradient magnetic field.

317

318 Acceptance criteria should be established based on the location of the medical device in or on  
319 the body using scientific rationale or existing literature.

## 320 **F. Rectification of RF pulses from MR Exams** 321 **(Unintended Stimulation)**

322 In the context of medical devices in the MR environment, rectification refers to the  
323 conversion of RF waveforms to slowly varying voltages that are capable of unintended tissue  
324 stimulation. Unintended tissue stimulation can occur if the rectified voltages are generated at  
325 the medical device electrodes.

326

327 This hazard should be addressed for AIMDs, for partially implanted active medical devices  
328 that contain leads that contact neural or muscular tissue, and for non-implanted active  
329 medical devices. The tests outlined in ISO/TS 10974 measure the levels of rectified voltages  
330 generated by the AIMD during RF exposure. These methods may be adapted for partially  
331 implanted active medical devices that contain leads that contact neural or muscular tissue.  
332 For non-implanted active medical devices, this hazard should be addressed using medical  
333 device malfunction tests as described in Section H.

334

335 Acceptance criteria should be established based on the location of the medical device in or on  
336 the body using scientific rationale or existing literature.

## 337 **G. Medical Device Malfunction**

338 The exposure of electrically powered, active medical devices (e.g., AIMDs, active  
339 accessories, RF tuned components, and magnetizing components) and passive medical  
340 devices with magnetic or magnetically controlled or thermally controlled components to the  
341 MR environment may cause the medical device to malfunction. Such malfunctions can be  
342 either temporary during the MRI exposure or procedure, or permanent and continue after the  
343 exposure.

344

345 For electrically active medical devices, we recommend that you demonstrate that the static  
346 magnetic fields ( $B_0$ ), switched gradient magnetic fields (dB/dt), and pulsed radiofrequency  
347 (RF) fields of the MR system do not affect the performance or safe operation of the medical  
348 device. This can be viewed as part of addressing the electromagnetic compatibility (EMC)/  
349 immunity to electromagnetic interference (EMI) of active medical devices in the MR  
350 environment. ISO/TS 10974 provides standardized test methods for assessing AIMD  
351 malfunction in the MR environment. These include potential malfunctions induced by MR  
352 fields, including:

353

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- 354 • MR static field ( $B_0$ )
- 355 • RF fields
- 356 • Gradient field (dB/dt)
- 357 • Combined fields

358

359 The test methods outlined in ISO/TS 10974 involve measurements and testing in both  
360 simulated and actual MR systems. They also include testing for each type of field separately.  
361 Because the field exposure during MR exams involves concurrent exposure of static  
362 magnetic field, RF and pulsed gradient fields, the medical device should also be tested by  
363 exposing the medical device to typical MRI protocols in an MR system using the ISO/TS  
364 10974 test methods for combined fields. These methods rely on testing a functioning medical  
365 device (verified by checking before the test) and monitoring the medical device during  
366 exposure (scan) and immediately afterward for indications of malfunction. This method  
367 simulates MRI exams in a clinical setting and helps to demonstrate medical device safety and  
368 function through performance function tests. The timeline for the combined fields testing is  
369 important because malfunction or EMI to the medical device can be permanent or temporary.

370

371 For non-implanted active medical devices or medical devices intended to be actively used  
372 during the MRI exposure, you should demonstrate that the MR system does not affect or  
373 degrade the operation of the medical device in its intended use location. For example, for a  
374 patient monitor intended to remain outside the 200 gauss field line, you should demonstrate  
375 that the patient monitor continues to meet its performance specifications while in its intended  
376 use location within the MR environment.

377

378 Medical device malfunction due to exposure to the MR system electric and magnetic fields is  
379 not generally expected for passive medical devices, although there can be exceptions for  
380 which medical device malfunction in the MR environment should be assessed, such as for  
381 passive drug infusion pumps activated by body temperature, medical devices with inductive  
382 loops, or magnetically activated or operated switches. For these types of passive medical  
383 devices, we recommend you demonstrate that exposure to the static magnetic fields ( $B_0$ ),  
384 switched gradient magnetic fields (dB/dt), and/or heating, as appropriate, do not adversely  
385 affect the performance or safe operation of the medical device.

386

387 Acceptance criteria should be based on safety and the essential performance of the medical  
388 device.

389

390 In addition, you should assess and demonstrate that the active medical device does not affect  
391 the operation of the MR system and the MRI image quality. Additional information  
392 regarding image artifact is addressed in the next section. While no standardized test methods  
393 currently exist, a qualitative assessment of image quality and a measurement of signal to  
394 noise ratio (SNR) using standardized test methods (such as NEMA MS 1<sup>28</sup>) with and without

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<sup>28</sup> NEMA MS 1-2008 (R2014) Determination of Signal-to-Noise Ratio (SNR) in Diagnostic Magnetic Resonance Imaging

395 the medical device present may be useful. Acceptance criteria should be based on the  
396 intended use of the medical device and a benefit/risk analysis.

## 397 **H. Extent of Image Artifact**

398 The presence of metallic implants or other medical devices can lead to magnetic susceptibility  
399 artifacts in the acquired MR images. The operation of an active medical device may lead to  
400 artifacts or corruption of the acquired MR images. Both can lead to uninterpretable or non-  
401 diagnostic images or disease-mimicking artifacts. This hazard should be addressed for all  
402 medical devices intended to enter the MR environment.

403  
404 ASTM F2119 provides a standardized test method for the assessment of susceptibility image  
405 artifact. While the scope of this standard is passive implanted medical devices, the method  
406 can also be applied to AIMDs, partially implanted medical devices, or non-implanted  
407 medical devices that are intended to be in the MR system bore.

408  
409 For medical devices that come in multiple sizes, the largest medical device or the medical  
410 device with the largest proportion of magnetic material to total mass can generally serve as a  
411 worst-case for assessing image artifact. For multi-component medical devices, all clinically  
412 relevant configurations should be considered.

413  
414 For electrically active medical devices that do not enter the MR system bore, EMC emissions  
415 should meet criteria defined for the special environment<sup>29</sup> as specified by the MR system  
416 manufacturers' labeling.<sup>30</sup>

417  
418 In general, there are no acceptance criteria for image artifact, as the intent of including this  
419 information in the medical device labeling is to provide health care providers information  
420 they can use in making the benefit-risk decision about the MR exam for the patient.  
421 Additional information regarding image artifact may be needed for implanted medical  
422 devices for which follow-up MR exam is the standard of care. If you wish to indicate in your  
423 medical device labeling that diagnostic MRI is possible within a specified distance of an  
424 implanted medical device, this claim should be supported in your premarket submission.

## 425 **VI. Reporting Results**

426 We recommend you provide test report summaries, and if applicable, complete test reports,  
427 as described in the FDA guidance titled "[Recommended Content and Format of Test Reports](#)  
428 [for Complete Non-Clinical Bench Performance Testing in Premarket Submissions.](#)"<sup>31</sup> In

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<sup>29</sup> IEC 60601-1-2-Medical electrical equipment -Part 1-2: General Requirements for Basic Safety and Essential Performance - Collateral standard: Electromagnetic Disturbances-Requirements and Tests

<sup>30</sup> "Submission of Premarket Notifications for Magnetic Resonance Diagnostic Devices" guidance issued on November 18, 2016, available at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/submission-premarket-notifications-magnetic-resonance-diagnostic-devices>

<sup>31</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/recommended-content-and-format-non-clinical-bench-performance-testing-information-premarket>

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429 addition, you should provide the following information in the test report summaries and  
430 complete test reports:

431

432 • List the hazard addressed by the test.

433 • List the test equipment used. When testing is performed using an MR system, please  
434 specify the system field strength, software version, manufacturer, and model.

435 • When using a consensus standard in which the content of a test report is defined, results  
436 should be reported as defined in the standard. If computational modeling is used, the  
437 report should follow the FDA Guidance “[Reporting of Computational Modeling Studies](#)  
438 [in Medical Device Submissions.](#)”<sup>32</sup>

439 • For testing based on ASTM F2182, the RF heating results should be expressed in  
440 °C/(V/m) or in °C/(W/kg) and scaled to an absolute worst-case temperature increase (in  
441 °C) expected in clinical use.

442 • As an alternative to a written narrative for each non-clinical bench performance test, a  
443 tabulated summary can be provided to organize the information recommended in a test report  
444 summary (see Table 1 below for example). If a summary table is used, it is still  
445 recommended that a narrative discussion of the results/conclusions be provided as described  
446 in Section II.A.6 of the FDA guidance titled “[Recommended Content and Format of Test](#)  
447 [Reports for Complete Non- Clinical Bench Performance Testing in Premarket](#)  
448 [Submissions.](#)”<sup>33</sup> when needed. An example for a passive implant is shown in Table 2 in  
449 Appendix 1.

450

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<sup>32</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/reporting-computational-modeling-studies-medical-device-submissions>

<sup>33</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/recommended-content-and-format-non-clinical-bench-performance-testing-information-premarket>



451

Hazard Addressed	Test Method Used	Acceptance Criterion and Rationale	Medical device Configuration Tested	Summary of Test Results and pass/fail if Appropriate	Location in Submission
Hazard 1	Method 1				
Hazard 2	Method 2				
Hazard n	Method n				

452 Table 1. Test result summary table including columns that should be included for each test.

453 **VII. MRI Safety Labeling**

454 A premarket submission must include labeling in sufficient detail to satisfy any applicable  
 455 requirements for the type of premarket submission (e.g., 21 CFR 807.87(e) or 21 CFR 406  
 456 814.20(b)(10)). In addition, device labeling must satisfy all applicable FDA labeling  
 457 requirements, including, but not limited to, 21 CFR part 801. Your device labeling should  
 458 include sufficient information for a healthcare professional to determine whether a device  
 459 can safely enter the MR environment. Specifically, we recommend that you include  
 460 information describing the safety of your medical device in the MR environment in a  
 461 separate section of your labeling entitled “MRI Safety Information.” To make it easier  
 462 for users to locate, we recommend that this section be included in the table of contents of  
 463 your labeling document(s), if applicable. Based on the results of your assessment, you  
 464 should label your medical device as MR Safe, MR Unsafe, or MR Conditional, and  
 465 include the appropriate symbol from ASTM F2503 and/or the corresponding term in  
 466 your labeling.

467  
 468 By definition, MR Safe medical devices are composed of materials that are electrically  
 469 nonconductive, nonmetallic, and nonmagnetic.<sup>34</sup> For the purposes of determining the safety  
 470 of a medical device in the MR environment, a medical device can be defined as electrically  
 471 nonconductive if the conductivity is less than 1 S/m. Most plastics, glass, and many ceramic  
 472 materials are MR Safe. A scientific rationale rather than testing may be used to designate a  
 473 medical device as MR Safe.

474

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<sup>34</sup> ASTM F2503 -13 Standard Practice for Marking Medical Devices and other Items for Safety in the Magnetic Resonance Environment

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475 Electrically active medical devices should be designated either MR Conditional or MR  
476 Unsafe, but not MR Safe because they contain electrically conductive components.  
477 MRI safety labeling should include information for both patients and healthcare  
478 providers. As appropriate for the specific medical device, this should include  
479 information for the healthcare provider implanting or prescribing the medical device, the  
480 physician or other healthcare provider who provides continuing care for the patient with  
481 the medical device, and the healthcare provider prescribing the MR exam. In developing  
482 this labeling information, please be aware that the healthcare provider prescribing the  
483 MR exam may not have implanted or provided the medical device to the patient or be  
484 the healthcare provider who provides follow-up care to the patient with the medical  
485 device.

486  
487 The healthcare provider labeling should clearly and unambiguously identify the medical  
488 device, identify the MRI safety status of the medical device (MR Safe, MR Unsafe, or  
489 MR Conditional), and if the medical device is MR Conditional, provide the conditions  
490 for safe use in the MR environment. If the medical device is intended to enter the bore of  
491 the MR system, the conditions for safe use in the MR environment should include  
492 instructions for safely performing the MR procedure on a patient with the medical  
493 device. This might include patient preparation, procedural instructions, special medical  
494 device operating modes, illustrations, peripheral equipment needed, any patient  
495 monitoring or intervention during and after scanning, or other instructions to ensure  
496 safety. All intended and expected operation of the medical device during an MR exam  
497 should be clearly explained. The included information should also address the artifacts  
498 that the presence of the medical device may induce in acquired images.

499  
500 The patient labeling should clearly and unambiguously identify the medical device and  
501 identify the MRI safety status of the medical device (MR Safe, MR Unsafe, or MR  
502 Conditional). For MR Unsafe implants and external medical devices that are fastened to  
503 the patient, the patient labeling should clearly inform the patient that they should not  
504 receive an MR exam while the device is implanted or fastened to the patient. For MR  
505 Conditional medical devices, the patient information should direct the patient to consult  
506 with their healthcare provider prior to an MR exam and inform MRI site personnel that  
507 they have an MR Conditional medical device prior to the MR exam.

508  
509 To allow medical professionals to identify the specific medical devices a patient has, the  
510 MRI safety status of the medical devices, and for MR Conditional devices, the  
511 conditions for safe use in the MR environment, we recommend that the patient labeling  
512 include a patient medical device card for implanted medical devices and external  
513 medical devices that are fastened to or carried by the patient. The patient medical device  
514 card should clearly and unambiguously identify the medical device, the MRI safety  
515 status of the medical device (MR Safe, MR Unsafe, or MR Conditional), and, if the  
516 medical device is MR Conditional, either provide the conditions for safe MRI scanning  
517 or direct users to the location (i.e., via a URL and/or telephone number) where the  
518 current MR Conditional labeling can be found.

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520 Recommendations on the specific content and format of labeling for MR Safe, MR Unsafe,  
521 and MR Conditional medical devices are given below and in the Appendices. Example  
522 labeling for MR Safe, MR Unsafe, and MR Conditional medical devices are also given below  
523 and in the Appendices.

524 **A. MR Safe**

525 The MRI safety information for an MR Safe medical device should indicate that the medical  
526 device is MR Safe as shown below. For non-implanted medical devices, this information  
527 should appear directly on the medical device if possible. To provide MR safety information  
528 that is concise and easy to understand, we recommend that labeling for MR Safe medical  
529 devices not include additional information that is not necessary for the medical professional  
530 to safely administer an MR exam (e.g., the scientific rationale upon which the MR Safe  
531 determination was made). Labeling example:

532  
533 **MRI Safety Information**  
534



535  
536

537 And/or a statement such as “The <insert medical device name> is MR Safe.”

538 **B. MR Unsafe**

539 The MRI safety information for an MR Unsafe medical device should indicate that the  
540 medical device is MR Unsafe and should remain outside the MRI scanner room as shown  
541 below. For non-implanted medical devices, the MR Unsafe icon should appear directly on  
542 the medical device if possible. If applicable, the labeling should also indicate that the medical  
543 device may be a projectile hazard. To provide MRI safety information that is concise and  
544 easy to understand, we recommend that labeling for MR Unsafe medical devices not include  
545 additional information that is not necessary for the medical professional to safely administer  
546 an MR exam (e.g., the scientific rationale upon which the MR Unsafe determination was  
547 made). For example:

548  
549 **MRI Safety Information**  
550



556  
557  
558  
559

“Keep <insert medical device name > outside the MRI scanner room.”  
and, if appropriate, the statement “The device presents a projectile hazard.”

560 Or  
561



567  
568 And/or a statement such as “The < *insert medical device name* > is MR Unsafe. Keep it  
569 outside the MRI scanner room.”  
570 and, if appropriate, the statement “The device presents a projectile hazard.”

571  
572 For non-implanted medical devices, the MR Unsafe labeling should appear directly on the  
573 medical device if possible. For example:  
574



575  
576 For implanted medical devices and for external medical devices that are fastened to or carried  
577 by a patient (e.g., external insulin pump), we recommend that you provide a patient medical  
578 device card. For an MR Unsafe medical device, the patient medical device card should  
579 include the following information:

- 580  
581
- The MR Unsafe symbol and/or the term “MR Unsafe,” and
  - A statement such as: “This person <choose “*is implanted with*” or “*has*”> a <*insert medical device name*>. Do not enter an MRI scanner room or an MR system. Doing so may result in severe patient injury or death,” and
  - URL and/or phone number for the medical device manufacturer.
- 582  
583  
584  
585

### 586 C. MR Conditional

587 The labeling for MR Conditional medical devices should list the conditions under which a  
588 medical device that is intended to enter the MR environment or a patient with an implant or  
589 an external medical device that is fastened to or carried by the patient can safely enter the  
590 MR environment as described in ASTM F2503. The conditions of safe use should ensure  
591 safety but also be as concise and easy to implement as possible. Labeling for medical devices  
592 intended to enter the bore of the MR system (e.g., implants, some patient monitoring devices)  
593 will generally need to contain more conditions than labeling for medical devices which are  
594 intended to enter the MRI scanner room, but not the bore the of the MR system (e.g.,  
595 ventilators, anesthesia machines).  
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597 For an MR Conditional medical device, the patient medical device card should include at  
598 least the following MRI safety information:

599  
600

- The MR Conditional symbol and/or the term “MR Conditional,” and
- A statement such as: “This person <choose “*is implanted with*” or “*has*”> a <*insert medical device name*> and can be safely scanned with MRI only under very specific conditions. Scanning under different conditions may result in < choose one or both of “*severe patient injury*” and/or “*death*”> or device malfunction. Full MRI safety information is available in the MRI Safety Information section of the <*insert name of document/manual containing MRI safety information*>, which can be obtained at [www.<insert url>](http://www.<insert url>) or by calling <*insert phone number*>.”

609 Patient medical device cards for specific medical device types may need additional  
610 information (e.g., patient name and implantation date).

611  
612  
613  
614

Patient medical device cards for devices with relatively few conditions (e.g., passive implants) can list the conditions for safe entry and use in the MR Environment rather than a general statement such as the example above.

615

**MR Conditional Medical Devices intended to enter the MR system bore**

616 The MR Conditional labeling for a medical device intended to enter the MR system bore  
617 should include:

618

1. Nominal value(s) of permitted static magnetic field value(s) [T]

620  
621

The following information should be included when needed for the specific medical device. Note that if a parameter is not listed, no modifications of that parameter are needed for the safe scanning of a patient with the specific medical device.

622  
623  
624  
625

2. Maximum spatial field gradient [T/m] and [G/cm]
3. Permitted radiofrequency (RF) field exposure
  - a. RF transmit coil type (e.g., Whole body transmit coil, Head RF transmit-receive coil or Extremity RF transmit-receive coil, phased array transmit-receive coil)
  - b. RF excitation (e.g., Circularly Polarized (CP), Multichannel-2 (MC-2))
  - c. Maximum permitted whole body averaged specific absorption rate (SAR) [W/kg] and/or maximum permitted head averaged SAR [W/kg] and/or maximum permitted partial body SAR [W/kg]
  - d. Maximum permitted B1+rms value [ $\mu$ T]
4. Permitted time-varying gradient field exposure
  - a. maximum gradient slew rate [T/m/s] per axis
  - b. maximum spatial encoding gradient amplitude [mT/m] per axis
5. Limits on scan duration (e.g., “Scan for up to <*insert number*> minutes in a <*insert number*> minute time period. Wait <*insert number*> minutes before the next imaging

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- 641 session.” or “<insert number> W/kg whole body average SAR for <insert number>  
642 minutes of continuous RF (a sequence or back to back series/scan without breaks)  
643 followed by a wait time of <insert number> minutes if this limit is reached.”)  
644 6. Information about image artifact. For example: “The presence of this implant may  
645 produce an image artifact.”  
646 7. Scan exclusion zones. Include a diagram showing the exclusion zone(s).  
647 8. Instructions to be followed before and/or after an MR exam (e.g., patient preparation,  
648 medical device checks or programming for special modes)  
649 9. Additional instructions or information essential for safe use in the MR environment.  
650 10. A statement such as: “If information about a specific parameter is not included, there  
651 are no conditions associated with that parameter.”  
652

653 We recommend that you use a table to list the information in items 1-6. Information in items  
654 7-10 can be included in a table or in another format if that enhances the clarity of the  
655 information. See Table 3 in Appendix 2 for an example of MR Conditional labeling for a  
656 passive implant.  
657

658 **MR Conditional medical devices intended to remain outside of the MR system bore**

659 Labeling for MR Conditional medical devices intended to enter the MR environment but  
660 remain outside the bore of the MR system should provide the conditions under which the  
661 medical device can be safely used. Because of variability between MR systems, the MRI  
662 safety information should include positional conditions in terms of maximum static magnetic  
663 field (also known as gauss line restrictions) [e.g., 200 gauss (20 mT)] rather than distances.  
664 The labeling for passive medical devices not intended to enter the bore the MR system does  
665 not generally need to include artifact information. However, labeling for active medical  
666 devices intended to remain outside the MR system bore should include information on how  
667 they affect the quality of acquired MR images.  
668

669 The MR Conditional symbol should be included directly on the medical device when  
670 possible, and if space permits, the conditions for safe use in the MR environment should also  
671 be included on the medical device in a supplementary sign as defined in ASTM F2503. At a  
672 minimum the supplementary sign should include the gauss line restriction. As appropriate,  
673 you should also include statements such as “projectile hazard” or “equipment operation may  
674 be affected” in the supplementary sign.  
675

676 Table 4 in Appendix 2 shows an example of the MR Conditional labeling for a medical  
677 device intended to remain outside the MR system bore. Appendix 2 also includes an example  
678 of MR Conditional labeling for a medical device that is not intended to enter the MR system  
679 bore and includes a supplementary sign, which we recommend that you include directly on  
680 the medical device when possible.

681 **D. Safety in MRI Not Evaluated**

682 For passive medical devices that have historically not provided any information about MRI  
683 safety, the following labeling could be used in certain circumstances. If used, this  
684 information should be included in a section headed “MRI Safety Information” and included

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685 in the table of contents if the labeling has a table of contents. We recommend you provide a  
686 rationale as to why this labeling is appropriate for your medical device in your premarket  
687 submission. The labeling should include the following information:  
688

689       The <*insert medical device name*> has not been evaluated for safety and  
690 compatibility in the MR environment. It has not been tested for heating,  
691 migration, or image artifact in the MR environment. The safety of <*insert medical*  
692 *device name*> in the MR environment is unknown. Scanning a patient who has  
693 this medical device may result in patient injury.  
694

695 The above labeling option is NOT appropriate if:  
696

- 697       • there are any known adverse effects or adverse events due to exposure to the MR
- 698       environment for the medical device or medical device type, or
- 699       • the medical device or medical device type has typically been labeled as MR
- 700       Conditional or MR Unsafe (for example, including but not limited to
- 701       cardiovascular stents, intracranial aneurysm clips, endovascular grafts, and
- 702       transprostatic tissue retractors), or
- 703       • this is a new medical device type, or
- 704       • the medical device contains ferromagnetic materials, or
- 705       • the medical device is electrically active.  
706

707 If you are uncertain whether it is appropriate to label your medical device as “Safety in MRI  
708 Not Evaluated,” we recommend that you submit a [pre-submission to obtain feedback prior to](#)  
709 [submission of a regulatory submission](#).<sup>35</sup>  
710

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<sup>35</sup> <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/requests-feedback-and-meetings-medical-device-submissions-q-submission-program>

711 **Appendix 1. Test Result Summary Example**

712

Hazard Addressed	Test Method Used	Acceptance Criterion	Medical device Configuration Tested	Summary of Test Results and pass/fail if Appropriate	Location in Submission
image artifact	ASTM F2119-13	for characterization purposes	40 mm	maximum artifact extended 3 mm from device in GRE Scan at 3T	Volume 2, Section 10.3, p. 37
magnetically induced displacement force	ASTM F2052-15	magnetic force less than medical device weight	40 mm	2° deflection at location where $B = 1.52$ T and $dB/dz = 4.67$ T/m; calculated maximum spatial field gradient = 30 T/m; pass	Volume 2, Section 10.4, p. 45
magnetically induced torque	ASTM F2213-17, Low friction surface method	torque less than gravitational torque	40 mm	no observable torque at 3T; pass	Volume 2, Section 10.5, p. 57
RF induced heating	ASTM F2182-11a	heating less than 5° C	40 mm	Birdcage body coil, quadrature driven Max Whole-body SAR of 2 W/kg Temperature rise of 0.5°C/(W/kg) over 15 minutes; pass	Volume 2, Section 10.6, p. 65


713 Table 2. Example test result summary table for a passive implant

714




715 **Appendix 2. MR Conditional Labeling Examples**

716

MRI Safety Information	
A patient with the Star implant may be safely scanned under the following conditions. Failure to follow these conditions may result in injury to the patient.	
Name/Identification of device	Star implant
Nominal value(s) of Static Magnetic Field [T]	1.5T or 3.0T
Maximum Spatial Field Gradient [T/m and gauss/cm]	30 T/m (3,000 gauss/cm)
RF Excitation	Circularly Polarized (CP)
RF Transmit Coil Type	Whole body transmit coil, Head RF transmit-receive coil or Extremity RF transmit-receive coil
Maximum Whole Body SAR [W/kg]	4 W/kg
Maximum Head SAR [W/kg]	3.2 W/kg
Limits on Scan Duration	4 W/kg whole body average SAR for (60) minutes of continuous RF (a sequence or back to back series/scan without breaks) followed by a wait time of (10) minutes if this limit is reached.
MR Image Artifact	The presence of this implant may produce an image artifact.
If information about a specific parameter is not included, there are no conditions associated with that parameter.	

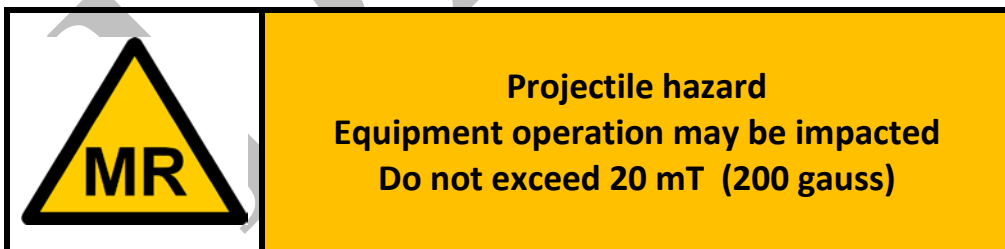
717 Table 3. Example MR Conditional labeling for a passive medical device called the Star  
718 implant.

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<b>MRI Safety Information</b>	
The <insert device name > may be safely used in the MR environment under the following conditions. Failure to follow these conditions may result in injury.	
Name/Identification of medical device	
Maximum static magnetic field [mT] and [gauss]	Do not exceed X[mT] (Y[gauss])
Instructions to be followed before and/or after the MR exam	
Additional instructions or information essential for safe use in the MR environment	e.g., Additional positional requirements (for example, Tether device to an immovable location in the room; Engage brake when not in motion; Fasten device to an immovable location in the room. e.g., Additional information explaining the given gauss line restriction (for example, The device is a projectile hazard; Device operation may be impacted at field strengths greater than X mT (Y gauss). e.g., Follow the MR Conditional labeling for all accessory devices.
If information about a specific parameter is not included, there are no conditions associated with that parameter.	

719 Table 4. Example information to be included in MR Conditional labeling for a medical  
 720 device intended to remain outside the bore of the MR system.

721  
 722 Below is an example of MR Conditional labeling for a medical device that is not intended to  
 723 enter the MR system bore that should be included directly on the medical device whenever  
 724 possible.  
 725



726