



MRI SAFETY AND CONSENT FORM, WITH OR WITHOUT CONTRAST

Patient Name _____ Age _____ Weight _____

Table with 4 columns: Question, NO, YES, Question, NO, YES. Rows include: Cardiac pacemaker or defibrillator?, Brain surgery for an aneurysm?, Kidney problems, surgery, or transplant?, Multiple myeloma or lupus?, Severe high blood pressure, even on medication, Diabetes requiring medication?, Hearing aid or implant?, Bullets or shrapnel?, Prior reaction to intravenous dye?, Asthma or multiple allergies?

Implanted hardware of any kind (except dental)? _____ If yes, what type? _____

For Women of Child-Bearing Age Only:

Any possibility of being pregnant? _____ IUD in place? _____

Your physician has requested that we perform an MRI scan. An alternative to this procedure may be an ultrasound, x-ray, or CT scan. However, your physician believes this test to be the best diagnostic test for you. As part of your exam, a contrast agent may be injected into your vein in order to produce better images of the part of the body being examined. If you wish to refuse the contrast injection, inform the technologist and the MRI will be conducted without the contrast agent.

The following complications are possible whenever an injection is given. There is a potential for pain, bleeding, and bruising at the injection site. Allergic reactions in response to the contrast agent may include hives, shortness of breath or difficulty swallowing. There have been rare instances of death after the administration of a contrast agent.

The contrast agent used in MRI is called gadolinium. This agent is a sterile, clear, colorless solution that will make certain normal and abnormal structures in the body easier to see. MRI contrast agents often help detect and characterize abnormalities that may not be seen without their use.

The safety of its use in pregnant women has not yet been determined. If you are breast-feeding, you should pump and discard your breast milk three times over a 24 hour period following this test. It is safe to resume breast-feeding 24 hours after this test.

If you have previously had a reaction to a contrast injection, have a history of asthma or other allergic conditions, kidney disease or are currently undergoing dialysis, YOU MUST INFORM THE TECHNOLOGIST. Patients with diminished or absent kidney function who receive gadolinium, particularly at high doses, are at risk for developing a serious, potentially life-threatening condition known as nephrogenic systemic fibrosis (NSF).

I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, and that I (we) understand its contents. I (we) have been given an opportunity to ask questions about my condition, alternative forms of treatment, the procedures to be used and the risks and hazards involved. I (we) believe that I (we) have sufficient information to give this informed consent. Having understood this information, I hereby freely give my consent for this MRI examination.

Signature of Patient or Authorized Representative _____ Date _____

For Clinical Use Only – Contrast Administration

cc of _____ contrast injected at _____ AM/PM Contrast Lot # _____

Contrast Reaction or Extravasation (If yes, explain) _____

Signature of Technologist _____ Date _____