

CONSENT FOR MRI/MRA EXAMINATION WITH CONTRAST

You are scheduled for a MRI and/or MRA scan that may require an intravenous contrast injection of MRI dye called Gadolinium. The injection consists of an intravenous injection of dye either by hand /power injector.

The average scan takes 30 to 60 minutes, depending on what body part is being studied. When the scanning is in process it makes a loud thumping sound intermittently throughout the study. It is very important to remain still while the pictures are being taken to insure the clearest possible pictures. Other than sound, you should experience no other sensation during the MRI scan.

There are some risks associated with this contrast if you have a history of renal failure, end stage renal disease, are on dialysis or have abnormal/low GFR blood levels, or an increase in BUN/Creatinine.

The following are the most serious complications and risks related to contrast injection:

1. **NSF (Nephrogenic Systemic Fibrosis):** This is a rare disease that has been seen in patients with severely impaired renal function that were administered gadolinium based MRI contrast. There is no definitive cure for this and this disease can be progressive and can be associated with a fatal outcome. This disease has only been seen in about 3-5% of studied cases of patient with end stage renal disease.
2. **ALLERGIC REACTION:** Allergic reactions are usually mild and most often consist of itching, hives, nausea and/or vomiting. However, they may occasionally be severe with difficulty breathing and loss of blood pressure requiring emergency hospitalization.

I have read and understand the above information contained in this consent form and discussed any questions with the staff/radiologist and consent to receiving the gadolinium MRI dye. I have been made aware of the risks involved with receiving this injection with **low kidney function** and give my consent to receive the injection.

| | | |
|---|------------|-----------|
| Do you have a history of diabetes? | YES | NO |
| Do you have a history of kidney disease or kidney failure? | YES | NO |
| Are you on dialysis? | YES | NO |
| Have you ever had a problem or allergy with MRI contrast? | YES | NO |
| Do you have hypertension/high blood pressure? | YES | NO |

Patient Name:

Patient Signature

Radiologist Signature

*****Doctors Office Use Only*****

BUN(Urea Nitrogen): _____ **Creatinine:** _____ **GFR:** _____

Date Drawn: _____ **Patient Age:** _____ **Patient Weight:** _____