

Contrast Consent Form:

Patient Name: _____

MRN#: _____

Exam Date: _____

Your physician has recommended an MRI or MRA study which requires the injection of the contrast medium Gadolinium DTPA. This agent is not related to iodinated contrast, which is used for kidney x-rays (IVP) and CAT scan studies.

The following complications are possible: anytime an injection is given, there is a potential for pain, bleeding, bruising or swelling at the injection site. MRI exams requiring contrast may result in a mild headache, nausea, itching, or other vague symptoms for a short time after the injection. Additional allergic reactions in response to the contrast agent may include hives, shortness of breath or difficulty in swallowing. There have been rare instances of death after the administration of the contrast agent. It is very important that you inform the technologist if you experience any conditions mentioned in this form. The MRI procedure can be done without this contrast agent, but the radiologist and your physician believe the images will be more helpful with this injection.

Please inform us **prior** to your exam if you have ever been diagnosed with the following:

- Diabetes or High Blood Pressure
- Kidney or Liver Disease
- Sickle Cell Anemia or Hemolytic Anemia
- If you are on Dialysis
- If you are Pregnant or Nursing
- If you have ever received an Organ Transplant
- If you have a history of allergic reaction to this medication

Nephrogenic Systemic Fibrosis (NSF) Notice:

In patients with impaired kidney/renal function, gadolinium may or may not be linked to a severe chronic condition known as nephrogenic systemic fibrosis (NSF). NSF causes fibrosis of the skin and connective tissues throughout the body. Patients develop skin thickening that may prevent bending and extending joints, resulting in decreased mobility of joints. NSF usually starts in the lower extremities. Fibrosis can also develop in the diaphragm, muscles in the thigh and lower abdomen, and lung vessels. Over time, NSF becomes worse and can cause death. There is no known treatment for NSF.

I have read the information above and have been given the opportunity to ask questions. I **accept** and understand the risks discussed above and consent to the use of IV MRI contrast.

Patient Signature/Legally Authorized Person

Date

I have read the information above and have been given the opportunity to ask questions. I **do not accept** the risks discussed above and **decline** the use of IV MRI contrast for my study.

Patient Signature/Legally Authorized Person

Date

Screening Technologist/Nurse: _____ Date _____