



Consent For Injection Of Intravenous MRI Contrast Media

Patient Name: _____

Explanation:

Your physician has ordered a procedure that requires intravenous contrast media (MRI dye). This procedure has been ordered to help your physician understand and treat your medical problems. We will not administer the contrast unless you give written permission. As part of this test, a small needle is placed directly into a vein. The contrast is circulated through your bloodstream. Most of it is collected by the kidneys and discharged in the urine. This contrast material will show details of your body that otherwise could not be seen. The MRI technologist, nurse, or radiologist will answer any questions.

Risks And Discomforts:

You will be exposed to a strong magnetic field and radiofrequency pulses during this test. You must let the technologist know if there is a possibility that you are pregnant OR if you are breast feeding. MRI has not been FDA approved for pregnant women although, to date, there has been no indication that the use of clinical MRI imaging during pregnancy has harmful effects. If your referring physician feels that the benefit outweighs the risk, it is accepted practice to proceed with the exam.

At Northwestern Medical Imaging we use the type of contrast that is least likely to cause a reaction when injected into your body. The amount of contrast is given according to a patient’s weight. Severe complications from the contrast are extremely rare, but do sometimes occur. The types of complications that can occur include the following:

- The most common side effects are itching, hives, or nausea with or without vomiting. They occur in 1 out of every 50 administrations. Affected patients may be treated with medicine or nothing at all.
- A severe and potentially life-threatening complication, such as anaphylaxis, occurs in 1 out of every 10,000 administrations.

I consent to the administration of emergency medication given to me for contrast reactions.

Benefits To Be Expected:

The results of this test will allow your physician to optimize the selection of further evaluation or appropriate treatment for your condition.

Patient Screening for Renal Disease:

All patients scheduled for MRI or MRA with gadolinium will be screened for severe renal insufficiency or end-stage renal disease.

- a. Do you have severe renal insufficiency? _____
- b. Are you on renal dialysis? _____

Consent:

I have asked questions and discussed my condition with my physician. I have been given ample opportunities to ask questions about the nature of this procedure and the risks, alternatives, and benefits. I understand that at any time I can request the test to be discontinued.

Patient’s Signature: _____ Date: _____

If the patient is a minor or otherwise incompetent, complete the following: The patient is not competent to sign the forgoing consent by reason of _____. I am authorized as the patient’s _____, to sign this consent for and on behalf of the above named patient.

Signature: _____ Date: _____