



## INFORMED CONSENT FOR MRI WITH INTRAVENOUS CONTRAST

MBJ MR Imaging  
2360 Mullan Rd., Suite C  
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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID#: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Exam: \_\_\_\_\_ AM / PM Exam Type: \_\_\_\_\_

As part of your MRI study being performed today, we are asking for your consent to inject an MRI specific contrast medication into your vein. This will produce more detailed images. 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. The contrast material has been used for over a decade in millions of cases and is felt to be one of the safest medications that we use in radiology. If you wish to refuse the injection, inform the technologist handling your exam and we will perform the MRI without the injection.

There are some rare but potential side effects with the contrast injection. The most common include: mild headache, nausea, itching or hives. Very rarely, patients experience difficulty breathing requiring medical treatment. There is a very rare disease called Nephrogenic Systemic Fibrosis (NSF) that may be linked to the use of MRI contrast agents but is only seen in people with severe kidney disease. Please tell the technologist if you have ever had a reaction to the MRI contrast material.

If you have previously had a true allergic reaction to any drugs, have asthma or any other allergic conditions, sickle cell anemia, kidney disease, are pregnant, or nursing, please inform the technologists and your case will be discussed with the radiologist.

**Contraindications for Gadolinium Examinations (If answered “YES” patient can *not* have exam):**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnancy
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severe allergic reaction to the MRI contrast Gadolinium
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Advanced Renal dysfunction including solitary kidney, renal transplant, renal tumor (those requiring dialysis or with glomerular filtration rate (GFR) of 30cc/min or less)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nephrogenic Systemic Fibrosis (NSF)

**It is recommended that prior to elective Gadolinium administration, a recent (e.g., last 6 weeks) Glomerular Filtration Rate (GFR) and Creatinine assessment be reviewed for patients with a history of:**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hemolytic anemia
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age 60+
<input type="checkbox"/> Yes	<input type="checkbox"/> No	History of Hypertension
<input type="checkbox"/> Yes	<input type="checkbox"/> No	History of severe hepatic disease/liver transplant/pending liver transplant. For patients in this category only, it is recommended that the patient’s GFR assessment be nearly contemporaneous with the MR examination for which the GBMCA is to be administered
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Collagen Vascular Diseases (Lupus, dermatomyositis, scleroderma, Wegener’s)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prior organ transplantation or pending a transplant
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cancer
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recently (within 3 months) had chemotherapy

<input type="checkbox"/> Yes	<input type="checkbox"/> No	AIDS or HIV infection
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blood Disorder disease or diseases that affect the red blood cells such as sickle cell disease
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receiving treatment for an infection (consult w/ a Radiologist for potential nephrotoxic drugs)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type I or II Diabetes mellitus with retinopathy, neuropathy, coronary artery disease, cerebrovascular disease, peripheral arterial disease or lower extremity ulcers/infections
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severe allergies (not minor seasonal allergies)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severe iodine reaction
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acute kidney injury; can be seen in the setting of recent major surgery, current severe infection, recent traumatic kidney injury, and drug induced kidney toxicity.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic Respiratory disease
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Moderate renal dysfunction
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severe Liver disease

**Gadolinium should be administered with precaution when multiple dosing is required.**

Unless there is an urgent need for a second gadolinium dose to occur immediately, it is best to wait **72 hours** after the initial injection.

I attest that the above information is correct to the best of my knowledge. I have read and understand this form and give my consent for intravenous contrast injection.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Information Reviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MRI Technologist     MRI Assistant

**FOR OFFICE USE ONLY**

IF PATIENT ANSWERED YES TO ANY QUESTIONS IN **SECTION I**,  
GADOLINIUM WILL NOT BE GIVEN.

IF PATIENT ANSWERED YES TO ANY QUESTIONS IN **SECTION II**,  
HE/SHE WILL RECEIVE AN ORDER FOR CREATININE AND eGFR TESTING.

**LAB RESULTS:**

eGFR is \_\_\_\_\_.

MRI WITH GADOLINIUM WILL BE PERFORMED:     YES     NO

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Date