MAGNETIC RESONANCE IMAGING INFORMED CONSENT

Patient Liaison Office

Last name _____ First name _____

Middle Name _____

Place of birth _____ Date of Birth _____

Telephone number _____ Email address _____

Treating Physician _____

CLINICAL SUSPICIONS _____

MRI is an examination performed by means of Computerised Equipment, based on the use of a magnetic field (1.5T). The examination may be performed with or without intravenous administration of the paramagnetic contrast agent, depending on the clinical issue. The Contrast Agent will be injected by means of a cannula needle with an automatic injector or manually. ***If a contrast agent is used, it is necessary to have been fasting for at least 6 hours.*** Routine drugs can be taken regularly, with some water. It is advisable to hydrate your body considerably (at least 1.5 l of water) the day before and the day after the examination. During the intravenous infusion with the contrast agent, for anatomic reasons, vein fragility, etc., a blood vessel may even break, resulting in leakage in the injection area; in this case, a local therapy may be applied.

During and after the administration of the Contrast Agent, undesired effects may take place. Depending on their severity, these reactions may be:

◯ **Slight:** nausea, vomit, pain in the injection site, hives.

◯ **Moderate:** dyspnea, hypotension-hypertension, tachycardia-bradycardia, collapse, vasovagal syncope

◯ **Serious:** pulmonary or glottis oedema, anaphylactic shock, severe bronchospasm, cardiorespiratory block, serious arrhythmias, acute kidney failure. In these rare cases our service has suitable drugs and equipment to take care of the patient and, if necessary, the reanimation operators are readily available.

Late reactions (from 1 hour to 7 days post-injection) are most frequently skin rashes, influenza-like syndromes, gastrointestinal disorders. In this case, it is advisable to seek medical advice.

Patients bearing the following should *absolutely be excluded* from the MRI examination:

Cardiac pacemaker	YES ☐	NO ☐
Intraocular metal splinters	YES ☐	NO ☐

Patients with the following conditions ***will be carefully considered*** (assessing, each single time, ***compatibility with the implantation date and type)***

Cardiac valves	YES ☐	NO ☐
Vascular metal clips, aortic-coronary bypasses, results on surgery for intracranial aneurysms, etc.	YES ☐	NO ☐
Insulin pumps	YES ☐	NO ☐
Orthopaedic metal prostheses	YES ☐	NO ☐
Intraocular lens prostheses	YES ☐	NO ☐
Non-vascular metal clips	YES ☐	NO ☐

Note: *the prosthesis implantation documentation issued by the specialist who performed the surgical operation may be required.*

The patient declares:

☐ ***Not suffering from claustrophobia*** _____

☐ ***Not having undergone surgical operations like*** _____

☐ ***Having worked in places where metal splinters could be found, for instance*** _____

☐ ***Having suffered accidents with penetration of metal fragments, in the following areas*** _____

Women patients also declare:

☐ ***Being pregnant (specify the week)*** _____

☐ ***Having had the last menstruation on*** _____

☐ ***Carrying intrauterine devices*** _____

Note: In case of ascertained or suspected pregnancy, the examination will only be performed after a direct agreement has been reached by the General Practitioner and the Radiologist.

CLINICAL HISTORY EVALUATION (reserved to the general practitioner)

☐ Liver failure report the value _____

☐ Azotemia report the value _____

☐ Severe kidney failure report the value _____

WARNINGS

Should it be necessary to administer the paramagnetic contrast agent intravenously, in any case taking into consideration the general hypersensitivity risks typical of every solution for injections, it should be borne in mind that there have been reports of cases of nephrogenic systemic fibrosis (NSF) correlated with the use of contrast agents containing Gadolinium in patients with serious kidney problems, in babies under the age of 4 weeks and in patients with a liver transplantation or for whom liver transplantation is expected. In order to minimise the risk of NSF, the European Agency for the Evaluation of Medicinal Products (EMEA) and the Committee for Medicinal Products for Human Use (CHMP) recommend that all patients who will receive these products undergo laboratory examinations in order to ascertain the absence of serious kidney diseases.

I, the undersigned, Mr./Ms. _____ **born on** _____

in _____ **hereby declare having been thoroughly informed**

about the goals, performance and risks relative to the examination with organ-iodine contrast medium by injection and **I authorise/do not authorise** the performance of the investigation required by my General Practitioner.

Patient's full signature

Vicenza, on _____

_____

General Practitioner's signature

Radiologist's signature

_____ _____

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