

MRI CONTRAST CONSENT FORM

You have been referred for an MRI that requires a contrast injection. This contrast is not related to iodinated contrast used for CAT scan and x-ray imaging. While this contrast is routinely used and rarely has complications, there are potential side-effects and risk factors to be made aware of. **Minor** reactions, statistically occurring in **1 out of 1000** patients, include headache, nausea, 'metallic' or funny taste, injection site reactions. Severe reactions may occur in approx. **1 out of 100,000** patients. This could include severe breathing difficulty, swelling of the tongue or airway.

In the rare event of such a reaction, we have trained staff onsite to immediately provide treatment.

Nephrogenic Systemic Fibrosis (NSF)

The FDA has issued an advisory linking MRI contrast agents to a rare disease called Nephrogenic Systemic Fibrosis (NSF). NSF is a rare, but potentially serious, acquired systemic disease. The first case was cited in 1997 and to date, less than 500 cases have been reported. All were linked to high doses of MRI contrast administered to patients with significant kidney disease. After recognition of this condition, and the risk factors contributing, occurrence is now extremely rare.

MRI contrast will not be given to patients with chronic kidney disease (eGFR < 30) and/or acute kidney injury.

Kidney function can be determined by a blood test. Patients with mild or moderate kidney disease must have their blood work evaluated for kidney function before receiving MRI contrast. Patients with healthy kidney function and no risk factors do not require blood test.

Any signs or symptoms of NSF should be reported to your doctor, MRI of Arizona, Mallinckrodt Inc. (1-800-778-7898) or Food and Drug Administration: 1-800-FDA-1088 or www.fda.gov/medwatch. Symptoms of NSF may include burning, itching, swelling, scaling, hardening and tightening of the skin; red or dark patches on the skin; stiffness in joints with trouble moving, bending or straightening the arms, hands, legs or feet; pain in hip bones or ribs; or muscle weakness.

Do any of the following apply to you:

Hypertension/ High blood pressure	Yes	No	Anemia or disease affecting Red Blood cells	Yes	No
Diabetes	Yes	No	Adult asthma or allergic respiratory disorder	Yes	No
Kidney disease, Solitary Kidney, Dialysis	Yes	No	Seizure or heart disease	Yes	No
Liver Disease or Transplant	Yes	No	Date you last received MRI Contrast:	_____	
Pregnant or Breastfeeding	Yes	No	Did you have an allergic reaction?	N/A	Yes No
List medications you are currently taking:	_____				

Any known allergies: _____

I have read the information regarding MRI contrast injection procedure and am aware of possible side-effects. I do not have a medical condition that may be complicated by receiving MRI contrast.

Patient signature

Date/Time

If signed by anyone other than patient, please Print Name and Relationship to Patient

Witness to Signature

Office Use Only

Account # _____ G F R: _____ No Risk Factors

_____ mL Injected at _____ am/ pm Lot # _____

Injection site: _____ Exp Date # _____