

MRI CONTRAST CONSENT FORM

Your physician has determined that an MRI study with gadolinium contrast is needed to help diagnose your medical condition. Gadavist is a type of gadolinium contrast which is administered by injection into a vein and aids in distinguishing normal from abnormal tissues. This contrast agent is a nearly colorless fluid that is eliminated in urine within 48 hours.

The gadolinium contrast agent you will receive has been approved as safe and effective by the U.S. Food and Drug Administration (FDA). As with any medication, a small chance exists that you may have a reaction to it.

About 1 in 50 (2%) of patients will experience very minor and temporary side effects, including pain at the injection site, nausea, headache, dizziness, itching, rash, or hives. In about 1 in 5000 patients (0.05%), a true allergic reaction may occur (including facial swelling, difficulty breathing, or low blood pressure) requiring treatment. The odds of an extremely severe reaction, including death, is very rare — approximately 1:400,000 (0.00025%).

Your chances of a reaction may be increased if you have had a previous allergic reaction to gadolinium, are allergic to other drugs or foods, have asthma, or suffer from kidney disease. Please inform the MR technologist if any of these situations apply to you.

The use of gadolinium contrast is optional. However, your physician believes the potential diagnostic benefits for you exceed these small risks. Please feel free to ask any questions about this test or the contrast agent before signing the consent form. By signing below you understand the statements above and agree to receive gadolinium contrast for your exam.

I have read the above statement. The nature of the procedure: its risks, potential complications and benefits have been explained to me and I understand them. I consent to the use of gadolinium contrast.

Signature of Patient or Legal Guardian

Date and Time

Witness Signature

Date and Time