

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ yrs Gender: \_\_\_\_\_  
Location: \_\_\_\_\_  
Exam Date / Exam Time: \_\_\_\_\_  
Exam Reason: \_\_\_\_\_  
Patient Number: \_\_\_\_\_

### Consent for MRI using Gadolinium

Your test today may include an intravenous injection of the contrast agent gadolinium (gadapentate dimeglumine). This agent is a sterile, colorless solution that will enhance or "light up" certain normal and abnormal structures in the body. It is useful in the identification of abnormalities, and may provide additional information that might otherwise have gone undetected. It is commonly used for brain MRIs, looking for masses or tumors, and identifying post-surgical scar tissue, such as in the spine.

The use of gadolinium is approved by the Food and Drug Administration. It is felt to be a safe contrast agent. The safety of its use in children less than two years of age, pregnant women, and nursing mothers has not yet been determined. On rare occasions, (less than 1/300,000) allergic-type reactions (usually minor, such as hives and itching) have occurred. A few more serious reactions (example: drop in blood pressure or difficulty breathing) have also been reported.

\*\*\*Patients with moderate to end-stage renal disease, and those with severely impaired kidney function may have an increased risk of developing a serious disease--Nephrogenic Systemic Fibrosis/Nephrogenic Fibrosing Dermopathy (NSF/NFD)--after the received a gadolinium-based contrast agent during a MRI or MRA.

Please inform the technologist if:

1. You have been diagnosed with kidney disease or are currently on dialysis. (A lab test may be requested prior to the injection of gadolinium to assess kidney function).
2. If you are pregnant, think you are pregnant or currently a nursing mother.
3. If you have had a previous reaction to MRI contrast/dye.

Our staff is available to answer any questions you may have regarding the injection and use of gadolinium.

**Having read and understood this information, I hereby freely give my consent for the MRI examination using gadolinium/contrast.**

**I do not give my consent for MRI exam using gadolinium/contrast.**

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Lab results (within 30 days):

Scr \_\_\_\_\_ eGFR \_\_\_\_\_

Name of Contrast: \_\_\_\_\_ Lot #: \_\_\_\_\_ Amount/cc's \_\_\_\_\_

Notes/Complications \_\_\_\_\_