Administration of Gadolinium Based MR Contrast Agents

READ CAREFULLY BEFORE SIGNING

You have the right, as a patient, to be informed about your condition and the recommended procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved.

Patient Name: ________________________________________________

Procedure Ordered: __________________________________________

I understand that I am being given information about Gadolinium Based Magnetic Resonance Contrast Agents (GBMCA or contrast agent), their risks and alternatives to help me make an informed decision whether to voluntarily and freely undergo the procedure.

My Physician(s) has determined that an MRI study with contrast is needed to help diagnose a medical condition. Alternative testing for diagnosis may include: MR without contrast, Ultrasound, CT, and/or Angiography. However, this testing may not be as sensitive as MRI with contrast agent and there are potential risks associated with these procedures to consider.

People who have severe kidney disease, advanced liver disease or are on dialysis who are given a gadolinium based MR contrast agent may have a small risk of developing a disease called, Nephrogenic Systemic Fibrosis (NSF).

Symptoms of NSF are often associated with the following:
- thickening and tightening of the skin (usually the arms or trunk)
- scarring, including the diaphragm, heart, lungs & muscles

There is currently no reliable cure for NSF, although some reports do exist of partial responses to treatment. The disease may rarely be severe enough to cause death.

The contrast agent used at Willamette Valley Imaging for MR procedures is approved by the United States Food and Drug Administration and is one of the agents with the least reported cases of NSF in patients with kidney disease.
CONSENT

I have read and understand all information set forth in this document, and all blanks were filled in prior to my signing.

I acknowledge that I have had the opportunity to ask any questions about the contemplated medical procedure or diagnostic procedure described on Page 1 of the consent form, including risks and alternatives, and acknowledge that my questions have been answered to my satisfaction.

I hereby authorize and direct Dr.______________________________ together with Willamette Valley Imaging, to administer or perform the MRI with Gadolinium Based Magnetic Resonance Contrast Agent described on Page 1 of this Consent Form.

I hereby decline to receive an intravenous administration of Gadolinium Based Magnetic Resonance Contrast Agent

Patient or Person Authorized to Consent              Date              Time

Witness                                             Date              Time