

INFORMED CONSENT FOR MRI CONTRAST (DOTAREM)

A drug (paramagnetic contrast agent) has been developed to produce better pictures of the part of your body that is being examined. This drug will be injected into your vein. The contrast to be used is NOT the same contrast used for kidney x-rays or CT scans and does not contain iodine.

In a small percentage of cases there are a number of mild adverse reactions. Rarely, headache or nausea is noted up to 24 hours of following contrast administration. In a smaller percentage of cases, there may be more severe complications such as agitation, high or low blood pressure, convulsion or stomach pain. The problems are usually recognized promptly and treated without difficulty. **If there is any history of anemia, sickle cell anemia or kidney disorder, these should be described to the technologist and radiologist.** If there are any questions regarding this procedure or possible risks, these should also be asked to the technologist and radiologist.

Recently, it has been recognized that very small amounts of at least some forms of gadolinium contrast (about 1% of the injected dose) are retained in the tissues, mostly in the bones, with tiny amounts in the brain. At this stage, there are no known adverse effects from these very small amounts of retained gadolinium. This finding has made radiologists more careful to recommend gadolinium contrast only where it is likely to assist the diagnosis.

Although the reactions mentioned above seldom occur, we believe it to be your best interest to understand what is involved. YOU ARE ASKED TO SIGN THIS FORM TO VERIFY THAT YOU UNDERSTAND THE INDICATION FOR AND POSSIBLE COMPLICATIONS OF PARAMAGNETIC CONTRAST USED FOR MAGNETIC RESONANCE IMAGING AND CONSENT TO THE PROCEDURE.

FEMALE PATIENTS: IF YOU ARE PREGNANT, PLEASE NOTIFY TECHNOLOGIST.

I consent and authorize Cahaba Valley Imaging to perform a contrast injection for an MRI scan upon me.

Patient/Guardian Signature: _____ Date: _____

If patient is a minor or unable to sign, complete the following:

Minor _____ or unable to sign because _____

Venipuncture performed by _____ for contrast/Creatinine.