LUXMED DIAGNOSTYKA

Patient's consent for magnetic resonance imaging (MRI)

Healthcare Provider Data/Stamp

I. Information about the Patient

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Patient's forename and surname: **phone number**

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date of birth **Personal ID Number (PESEL)**

.....

if patient is a minor, full name of statutory representative

II. Area of the body subject to scanning

.....

III. For your safety, please fill out the survey carefully by entering "X" in the appropriate field.

Body weight/height	**kg**	**cm**
Information on pregnancy and breastfeeding (applies to females only)	**Yes**	**No**
Are you pregnant?		
Are you breastfeeding?		
Important medical information needed before contrast-enhanced MRI	**Yes**	**No**
Have you undergone a magnetic resonance imaging with an intravenous administration of contrast medium?		
Have there been any complications following the administration of a gadolinium contrast agent (administrated due to magnetic resonance imaging)?		
Important medical information before MRI	**Yes**	**No**
Claustrophobia		
Pacemaker/Electrodes		
Metal shavings in the body		
Cochlear implant		
Artificial heart valves		
Metal vascular clips, endovascular implants (e.g. vascular filters, embolisation spirals)		
Ventricular or medullary valves		
Neurostimulators or other implanted stimulators		
Metal orthopedic stabilizers and prostheses		
Metal dental elements		
Other metal implants (please list)		
Implanted drug pumps (e.g. insulin pumps)		
Have you undergone any surgeries? (If yes, please list them.)		

Have you been diagnosed with:	Yes	No
asthma, COPD (chronic obstructive pulmonary disease)		
renal insufficiency		

How do you assess your current well-being? Please describe it in several words.

If the imaging documentation is to be left in the archives, please mark the type and number of the scans.		
CDs	radiographs	paper medical records

Additional information:	Yes	No	No applies to
I have been informed about possible costs related to the examination and I agree to cover them. The total cost is about			
Do you consent to granting you access to the Patient Portal application in order to provide you with your diagnostic findings?			

IV. Information on the procedure

1. MRI – examination description

Magnetic resonance imaging does not require the use of harmful ionising radiation. MRI is based on interactions between the human body and a magnetic field. It is used to detect pathological lesions in tissues. The examination is painless and noninvasive. In the absence of contraindications, as a rule, it does not cause side effects in the patient. An alternative method of imaging is an ultrasound examination, but it has a lower diagnostic sensitivity.

2. Description of complications that may occur after magnetic resonance imaging

The examination may cause potential side effects (in the case of non-compliance with the contraindications to its performance). These contraindications are listed in the questionnaire above and include, among other things, stents, pacemakers, artificial heart valves, electrodes, vascular clips, ferromagnetic implants and orthopedic prostheses placed in the patient's body. MRI is one of the safest diagnostic imaging procedures provided that proper patient qualification and exclusion of contraindications are ensured.

3. Description of contrast-enhanced magnetic resonance imaging

The choice of examination method, whether to administer the contrast agent or not, is always made by a radiologist supervising the scan. The radiologist makes a decision based on clinical data provided on the referral and, if necessary, medical history taken from the patient and evaluation of the first non-contrast-enhanced MRI sequences. In order to administer the contrast agent, it is necessary to provide a peripheral venous access. The contrast agent is usually given intravenously, less frequently to the spinal canal or to other spaces. MRI contrast agent is different from the contrast agent used in computed tomography. It does not contain iodine, but rather rare-earth elements such as gadolinium. It is also a non-ionic, low osmolar formulation that is very safe for the patient. Venous injury associated with catheter placement or contrast agent extravasation may happen occasionally during contrast agent administration. In such instances, medical personnel work to limit the consequences of vascular injury or contrast extravasation and long-term consequences in the form of inflammation or cutaneous necrosis. Contrast agents used in magnetic resonance imaging are excreted mainly by the kidneys. They do not interact with other medicines.

4. Description of complications that may occur after contrast administration

The frequency of complications following the administration of gadolinium preparations during magnetic resonance imaging is lower than after the administration of iodinated contrast media used during computed tomography. They are usually mild and short-lasting. It should be remembered that any contrast agent, since it is a foreign agent for the body, can cause side effects.

Adverse reactions observed after the intravenous administration of contrast agent may:

- occur at different times following the administration (either immediately or even with a several-hour delay);
- vary in severity (mild, moderate to severe, with possible circulatory and respiratory arrest or even death);
- vary in nature: **local** (including, but not limited to, skin reactions, burning sensation, itching, rash, blisters, redness) or **systemic** (including, but not limited to, nausea, vomiting, taste disturbances, visual disturbances, fatigue, increased sweating, warm sensation, paraesthesia, skin reactions, urticaria, itching, pale skin, eczema, pain and feeling cold or hot at the injection site, muscle pain and contractions);

- occur in the following systems: respiratory (including, but not limited to, laryngeal spasm and oedema as well as bronchial spasticity, dyspnoea), circulatory (including, but not limited to, arrhythmia, increased or decreased blood pressure, sudden cardiovascular and respiratory arrest, death), nervous (including, but not limited to, convulsions, impaired consciousness, headache), renal (nephrogenic systemic fibrosis, characterised by progressive fibrosis of the skin and internal organs: liver, heart, lungs, diaphragm and muscles).

Complications associated with venous catheter placement and contrast medium extravasation:

- blood vessel damage;
- embolism or venous thrombosis;
- venous dissection and intravenous administration of contrast medium;
- local inflammatory lesions at the site of contrast agent extravasation;
- compartment syndrome caused by extravasation of a large amount of contrast medium or catheter placement;
- blisters, ulceration, skin necrosis (possible about 6 hours after extravasation).

Although currently used low osmolar magnetic resonance imaging contrast media reduce both the incidence and the severity of adverse reactions, they do not completely eliminate them. Allergic history and previous adverse reactions to contrast agents used in magnetic resonance imaging increase the likelihood of the occurrence of adverse reactions. If the patient has contraindications, supervising radiologist may not consent to contrast administration.

Signs and symptoms of any complications should be immediately reported to medical personnel.

Yes	No	
☐	☐	I hereby declare that I have read and understood the above information and that I have been provided with all the information regarding magnetic resonance imaging and contrast medium administration in an understandable way. I am aware of the risk of complications associated with MRI scanning and contrast agent administration as well as the limited diagnostic value of MRI in the event that I do not consent to contrast enhancement. I hereby declare that I have had an opportunity to explain all my doubts about the procedure in an unrestricted manner, and that I have understood additional explanations related to them given to me by the medical personnel, and I have no more remarks. I also declare that I take full responsibility for the information provided and that the information is true.

I hereby give my consent to:

(there is a square with the option of marking "yes" or "no" with each statement)

Yes	No	
☐	☐	**Magnetic resonance imaging.**
☐	☐	**Administration of contrast agent for magnetic resonance imaging.**
☐	☐	I declare that I have not concealed any information about my health, treatment course, diseases and medications taken and that all answers and statements that I have given are true.
☐	☐	I declare that I have not consumed any food for the last 2 hours.

.....

(date and signature of the health care professional receiving the documen)

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(date and Patient's/Legal Guardian's or Statutory Representative's signature; for minor patients between 16 and 18 years of age, parallel consent of the legal guardian)

V. I confirm that I have read the information in the Patient's consent document on the performance of a contrast-enhanced examination.

.....

date, signature of the supervising physician

Information regarding the processing of your personal data by LUX MED can be found in the medical facility and on our website at www.luxmed.pl.