



CONSENT FORM FOR CONTRAST AGENT ADMINISTRATION

Your doctor has sent you for an examination which may require the injection of a radiologic contrast agent, **Gadolinium**, which is administered at the Radiologist’s discretion.

Gadolinium is an approved contrast agent that helps to provide a clearer picture of the body’s organs and tissues. This agent is approved for use for both MRI and MRA procedures and is eliminated from the body through the urinary system. Patients with abnormal renal function cannot receive the Gadolinium injection. This is to prevent known complications such as Nephrogenic Systemic Fibrosis.

The MRI contrast is a clear fluid that is administered by using a small needle to inject the agent into the blood stream. The patient will receive the injection in a vein either on the back of the hand or on the inside of the elbow joint. During the administration of the agent, one may feel a cool sensation in the arm and or a metallic taste in the mouth.

Although MRI contrast is quite safe and patient friendly, there is a slight risk of allergic reactions, as is the case with all medications taken. Some reactions may include, itching, nausea, vomiting and in rare cases, abdominal pains. Most persons do not experience any of these reactions during and after administration of the contrast agent.

There may also be the risk of contrast extravasation; this occurs when some of the contrast agent is injected outside of the vein, resulting in swelling and discomfort. This is generally treated with the application of a warm compression to the area and elevation of the arm.

An MRI without contrast may be an alternative. Please inform the Technologist if you do not wish to proceed with the contrast injection; or whether you would like to consult with your referring doctor regarding the possible risks.

By signing this form, I am confirming that I am 18 years of age or older, or otherwise authorized to consent. I have read or have had the contents explained to me. I understand that the contrast agent will be administered if it becomes necessary.

Patient Name

Signature

NCI#

Date

Radiologist / Technologist

Signature

Date