MRI Contrast Consent Form

Patient Name: _____Date: _____

Exam Type: _____ MRN #: _____

DOB: _____

1. Are you on dialysis? ☐ Yes ☐ No What type? _____
2. Do you have renal (kidney) disease? ☐ Yes ☐ No
3. Are you diabetic? ☐ Yes ☐ No
4. Have you had an organ transplant? ☐ Yes ☐ No What type? _____
5. Have you had chemotherapy within the last 60 days? ☐ Yes ☐ No
6. Do you have liver disease? ☐ Yes ☐ No
7. Have you ever had a serious injury to the kidneys? ☐ Yes ☐ No

Additional clinical history

To be completed by MR Staff (only required in those patients with a history of kidney or liver disease)

GFR: _____ BUN: _____ Creatinine: _____

The estimated GFR, Glomeruler Filtration Rate, is considered the best overall indicator of kidney function.
Based upon your age, medical profile and recent serum creatinine (SCr) level, you fall into one of the following stages for kidney function:

☐ Stage 1: Healthy kidneys or kidney damage with normal or high GFR (GFR>90)
☐ Stage 2: Kidney damage with mild reduction of GFR (GFR 60-89)
☐ Stage 3: Moderate reduction of GFR (GFR 30-59)
☐ Stage 4: Severe reduction of GFR (GFR 15-29)
☐ Stage 5: Kidney failure (GFR<15)

Patient Signature/Legally Authorized Person Date

Patients with Stage 4 or 5, please continue to next page.

Nephrogenic Systemic Fibrosis

NSF (Nephrogenic Systemic Fibrosis) was first described in the medical literature in 2000. The first case of NSF was identified in 1997. The cause of NSF is unknown, but it has been reported only in patients who have severe kidney disease. NSF causes fibrosis of the skin and connective tissues throughout the body. Patients develop skin thickening that may prevent bending and extending joints, resulting in decreased mobility of joints. NSF usually starts in the lower extremities. Fibrosis can also develop in the diaphragm, muscles in the thigh and lower abdomen, and lung vessels. Over time, NSF becomes worse and can cause death. There is no known treatment for NSF. Improved renal function (spontaneous or via renal transplantation) appears to slow or arrest NSF and may even result in a gradual reversal of NSF. Other treatments are being tested. The FDA has issued a warning for patients with acute or chronic severe renal (kidney) insufficiency (GFR <30); or renal dysfunction due to the hepato-renal syndrome; or the perioperative liver transplantation period. In patients with severe or end stage renal disease, the incidence of developing NSF appears to be around 3-5% in the reported cases. There are 5 FDA approved gadolinium-based contrast agents and NFS has been reported with use of each of the five agents. If administration of MRI contrast is essential and you are already receiving hemodialysis, it is recommended to have hemodialysis at 2 hours and again at 24 hours, after MRI contrast is given. This hemodialysis may help eliminate the contrast from your body. Whether hemodialysis will help prevent NSF is unknown.

Contact your doctor right away, after receiving an MRI contrast, if you get any of these conditions that may indicate the development of NSF:

- Skin and eyes
  - Swelling, hardening and tightening of your skin
  - Reddened or darkened patches on the skin
  - Burning or itching of your skin
  - Yellow raised spots on the whites of your eyes

- Bones and muscles
  - Stiffness in your joints; problems moving or straightening arms, hands, legs, or feet
  - Pain deep in your hip bones or ribs
  - Muscle weakness

I have read the information above and have been given the opportunity to ask questions.
I consent to the use of IV MRI contrast, and have been informed of the risks.

_____

Patient Signature/Legally Authorized Person Date

I have read the information above and have been given the opportunity to ask questions.
I decline the use of IV MRI contrast.

_____

Patient Signature/Legally Authorized Person Date

Screening Technologist/Nurse: _____Date_____

Physician Name/Signature: _____Date_____