

**Radiology Medical Group of Santa Cruz County, Inc.**  
**Consent for Intravenous Injection of Gadolinium Contrast Material**

Patient name: \_\_\_\_\_ MRN# \_\_\_\_\_

Your doctor has referred you for a Magnetic Resonance Imaging exam for which injection of contrast material into a vein will aid in the evaluation, and visualization of many and possibly abnormal structures.

The contrast material will be administered through a small needle, or angiocatheter usually in an arm vein. Other than the needle stick there will be little if any sensation during the injection of the small volume (5-20ml) of contrast material.

The contrast material contains a paramagnetic substance (Magnevist) which is visible in Magnetic Resonance Imaging.

We believe that the benefits of this contrast-enhanced exam outweigh the minimal risks. So that you may be informed, we would like to explain the risks, and potential side-effects:

- Leakage of contrast material from the needle under the skin may cause local discomfort, but only very rarely causes tissue damage.
- Headache, nausea and vomiting are rare (less than 4% of patients) and usually mild and transient.
- If you are pregnant or think you might be pregnant, this agent may be contra-indicated; please notify the Technologist.
- If you are breast feeding, please discuss this with the Technologist as you may not be able to breast feed for up to 24 hours after the injection.
- Serious reactions, including severe allergic response or shock, are very rare.
- NSF/NSD is a very rare condition of the skin and organs that has been reported in patients receiving Gadolinium. It can cause disability and death. The risk factor is severely reduced kidney function. If you have reduced kidney function, please notify the Technologist.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age \_\_\_\_\_

Answer the questions below. **Please state Yes or No**

(woman) are you pregnant \_\_\_\_\_ or breast feeding \_\_\_\_\_

Renal (kidney) disease (including solitary kidney, renal transplant, renal tumor \_\_\_\_\_

Lupus (Vasculitis) \_\_\_\_\_

History of Hypertension \_\_\_\_\_

History of Diabetes \_\_\_\_\_

History of severe hepatic disease/liver transplant/pending liver transplant \_\_\_\_\_

Prior Gadolinium (MRI contrast) history\* \_\_\_\_\_

**\*If yes and you had an adverse reaction please fill out our Adverse Drug Reaction form.**

I have carefully read and understand the above, and give my consent for intravenous injection of contrast solution. I have discussed any questions I have with my Physician, or Radiologist.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness/Guardian: \_\_\_\_\_

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FOR OFFICE USE ONLY:

Date of Lab draw:

eGFR:

Notes:

Contrast:

Volume:

Lot:

Exp Date:

Location:

Notes:

Technologist Initials: \_\_\_\_\_ Radiologist Signature (If required): \_\_\_\_\_