

MRI SAFETY AND CONSENT FORM

Name _____ Scan # _____
Date of Birth ____/____/____ NHI _____
Weight _____ kg Height _____ cm

Magnetic Resonance Imaging involves the use of an extremely powerful magnet.
For your **safety** please answer the following questions

Have you had a previous MRI scan? yes no

Do you have **or** have you **ever** had a cardiac pacemaker? yes no

Do you have any other **electronic** or **magnetic** implants?

E.g. defibrillator, nerve stimulator, cochlear implant yes no

Have you **ever** had an injury to the **eye** with a metallic object or fragment? yes no

Have you had any previous surgery (operations)? yes no

Please list _____

Do you have any of the following?: anaemia, blood disorders, seizures yes no

Do you have any allergies to medications? yes no

Please list _____

Do you have any of the following **implants** inside your body? (**Please circle**) yes no

metallic stent, filter or coil; prosthesis or joint replacement; screws,
plates or wires; shunt; vascular or drug access port or catheter;
radiation seeds

Do you have any of the following? (**Please circle**) yes no

medication patches (nicotine or hormone); tattoo or permanent makeup;
dentures or partial plate; body piercings; shrapnel, bullets or other metal;
hearing aids

FEMALE PATIENTS

Is there any chance that you could be pregnant? yes no

Are you currently breastfeeding? yes no

**If you answer YES or are uncertain regarding any of the above, please contact us
on (09) 303 5966 prior to your appointment.**

INJECTION OF CONTRAST

Some scans *may* require the use of contrast to add additional information to the results. Contrast is a clear fluid called *gadolinium* that is administered through a small needle placed in a vein in the arm or hand. The purpose is to make the normal or abnormal areas more visible which improves our ability to correctly diagnose your problem.

Although it is very safe and rarely produces an allergic reaction, the occurrence of an allergic reaction cannot be completely excluded. There is also an extremely small chance of particular patients having an increased risk of developing a rare condition known as nephrogenic systemic fibrosis. To assist in ensuring that this contrast is appropriate for you it is important that you answer the questions below. If you have any questions please ask the MRI technologist or radiologist.

Do you have or have you ever had:

- A previous reaction to MRI contrast? yes no
- Any kidney (renal) disease? yes no
- Haemodialysis or peritoneal dialysis? yes no
- Organ transplant (kidney, liver)? yes no
- Hypertension, stroke, myocardial infarction, peripheral vascular disease? yes no
- Diabetes, multiple myeloma, chemotherapy, radiation therapy? yes no

Do you consent to the use of contrast? yes no Signature_____

USE OF YOUR IMAGES

As a University it may be useful to use your images (without your name or other identifying details) for all or some of the following purposes -

- education and training by Centre for Advanced MRI staff
- scientific publications, reports and presentations
- University teaching
- publicity material for the Centre for Advanced MRI
- the Centre for Advanced MRI website and websites of organisations we collaborate with (e.g. Siemens the manufacturer of the machine)
- publicity materials for non-profit organisations
- television documentaries or other public interest media
- databases that may be published on the internet

BEFORE ENTERING THE MR SCAN ROOM

You must remove all metallic objects, including jewellery, watches, keys, coins, credit cards, pens, cell phones, hearing aids, clothing with metallic zips and fasteners, metallic threads, or glitter finishes. You will be asked to change into a gown.

Owing to the loud noises emitted by the MR system, you will be given headphones or ear plugs to protect your hearing.

I give consent for my images to be used for the above purposes provided that all details that could allow me to be identified have been removed yes no

I confirm that the information provided on this form is true and correct to the best of my knowledge.

Signature _____ Date____/____/____

Screening form checked by _____