



Affix Patient Label

Patient Name:

DOB:

**Informed Consent For  
Intravenous Injection of Contrast Agent for MRI Scan with a GFR less than or equal to 30**

This information is given to you so that you can make an informed decision about having **Intravenous Injection of Contrast Agent for MRI Scan with a GFR less than or equal to 30**.

**Reason and Purpose of the Procedure**

Your doctor wants you to have Magnetic Resonance Imaging (MRI) to help diagnose a medical condition. This MRI requires using a contrast agent or dye. The contrast helps to show the difference between abnormal tissue and normal tissue.

A rare disease called Nephrogenic Systemic Fibrosis (NSF) is linked with the use of MRI contrast. NSF is when tissue builds up in the skin. In rare cases it builds up in internal organs. The skin becomes very thick and leads to restriction of movement. The condition cannot currently be cured. This disease has only occurred in people with severe kidney disease, or in patients with kidney disease associated with liver failure. It has also happened in people who have had a recent liver transplant.

A lab test called a Glomerular Filtration Rate (GFR) shows you have kidney disease. This means you may have a higher risk of getting NSF from the MRI contrast. For your MRI you will be given a different contrast that has no reported association with NSF. Your risk of getting NSF is believed to be very low. The benefit of receiving a contrast enhanced MRI is believed to be important for your medical management.

**Benefits of MRI Imaging with Contrast**

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Diagnosis of a medical condition
- The results of this test may help your doctor to plan the best treatment for your condition

**Risks of MRI Imaging with Contrast**

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

**General Risks of MRI Imaging with Contrast**

- **Contrast extravasation.** This means contrast leaks or is injected outside the vein into other tissue. This can cause localized pain and swelling. It is treated with hot or cold packs and by elevating the arm. These usually get better over time.
- **Nephrogenic Systemic Fibrosis (NSF).** You may be at increased risk for this condition because you have kidney disease. Your exact risk is not precisely known but it is thought to be extremely low.
- **Allergic reaction to the contrast or dye.** You may need fluids and /or medications.

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**Risks Associated with Smoking**

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks Associated with Obesity**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks Specific to You**

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**Alternative Treatments**

Other choices:

- An MRI without contrast agent may be an alternative.
- Do nothing. You can decide not to have an MRI.

**If You Choose Not to Have this Treatment**

- Your doctor may find it more difficult or not possible to treat your problem.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**By signing this form I agree**

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Intravenous Injection of Contrast Agent for MRI Scan with a GFR less than or equal to 30.**
- \_\_\_\_\_
- I understand that my doctor may ask a partner to do the surgery/procedure.
- I understand that other doctors, including medical residents or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relationship:  Patient       Closest relative (relationship) \_\_\_\_\_       Guardian**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

*Interpreter (if applicable)***For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

**OR**

\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(patient signature)*

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_