MRI Contrast Information

Objective: To accurately inform patients of the contrast used and injected when a study is ordered as such.

Information Regarding Intravascular Administration of Gadolinium

Gadolinium chelates are agents administered intravascularly during some MRI examinations and some interventional radiology procedures to provide additional information about disease states or to permit visualization of vessels. Gadolinium chelates administration can contribute to development of a disease known as nephrogenic systemic fibrosis (NSF) in up to 4 – 5% of patients with severe renal insufficiency or liver issues. Occurrence of NSF in patients with moderate renal insufficiency is rare. NSF is a chronic disorder affecting the skin and other connective tissues in the body; and, occasionally, solid organs. There is no proven effective treatment and complications may rarely be fatal. Most of the cases of NSF have been diagnosed in patients with severe renal failure who were administered a particular type of gadolinium chelate, gadodiamide, although a few cases have been seen with other gadolinium chelate agents. For this reason, the FDA has issued a warning for administration of all gadolinium-containing agents in patients not only with severe but also moderate renal insufficiency. **VSON uses Multihance OR Prohance a class II agent** that associated with few, if any, unconfounded cases of NSF

Dr. _____ has requested that you have a magnetic resonance imaging examination (MRI) requiring intravascular administration of a gadolinium chelate (MRI dye) for the evaluation of:

_____

He/She/They have determined that the information to be gained from this examination or procedure is significantly important to you. The risks and potential for adverse outcome of administration of gadolinium chelate are felt to be lower in your situation than risks of alternative imaging. There is no other imaging test or procedure not requiring administration of an intravascular contrast (dye) that will yield equivalent information or benefit.

- If you have any questions regarding this exam, please ask the technologist or radiologist before the examination begins.
- I have read and understand the information provided above. I consent to intravascular administration of a gadolinium chelate agent.

Patient Name: _____ DOB: _____ GFR:_____

Allergies: _____

Patient Signature: _____ Date:_____

Brand/Lot#/Exp Date:_____

Injection Site/Amount/Reaction: _____